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ABSTRACT

This document reports on a series of studies conducted to assess the scope and quality of child care services in West Virginia. Included are: (1) a survey of administrators and staff members from all of the state's welfare areas ("area office survey"); (2) a brief description of day care settings and services; (3) an evaluation of center-based day care; (4) an evaluation of noncenter-based day care; (5) questionnaires and manuals used in the studies; and (6) recommendations. The area office survey includes opinion data collected from area administrators, area office staff, and social service workers concerning employment for welfare recipients, training, training resources, transportation, center-based and noncenter-based care, and programmatic weaknesses. In the center-based evaluation, a stratified random sample of 15 of the 75 licensed centers was chosen for evaluation. Results report on the program for children, administration, physical setting, nutrition and health care, licensing standards and requirements, and fire standards. In the noncenter-based evaluation, a representative sample of 34 vendors was selected from 933 in-home and out-of-home vendors. Results report on program objectives, observations of the caretaker, supplies and materials, food service practices, physical setting, and parent interaction. Based on data from the surveys, the final chapter -- "A Portrait of Day Care in West Virginia" -- reports on conditions and makes recommendations for improvement. Appendices, comprising approximately one-third of the document, include questionnaires and manuals used in the studies. (SB)

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"THE DAY CARE NEEDS OF THE INDIGENT CHILDREN OF WEST VIRGINIA, WITH RECOMMENDATIONS FOR A MODEL DAY CARE PROGRAM AND DELIVERY SYSTEM."

VOLUME 1

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Most people were candid. We appreciate that. Most people gave us adequate time to exhaust our long list of inquiries even though no one really had the time to spare.

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The information and plans proposed in this document reflect a conscious expansion of what has gone before, not an abrupt break from the foundations of the immediate past. We are referring to the West Virginia University faculty and graduate students who assembled the document entitled West Virginia's Children (Porter, 1971); to the Inter-Agency Council for Child Development Services who generated West Virginia's Comprehensive Child

Development Plan (Moore, 1971); to the West Virginia Early Childhood Education Advisory Committee members who produced the Guidelines for Regional Early Childhood Education Demonstration Centers (Clay, 1971); and to the Statewide Day Care Task Force personnel who recently presented the Day Care Task Force Report (Task Force, 1972) to the Department of Welfare.

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INTRODUCTION

The purposes of the present study were to: (1) assess the scope and quality of child care now offered in West Virginia; (2) develop an alternative model of child care; (3) compare present child care services to the alternative model; and (4) propose efficient and effective means for the delivery of this model.

In order to assess the scope and quality of child care now offered in the state, a series of related studies were designed. These studies have all provided data about (a) the social context of day care delivery (the attitudes and beliefs of those who must manage the day care system, e.g., the center director. the caretaker, the social service worker, and the area welfare administrator); (b) the supporting systems necessary for delivery of day care, e.g., transportation, staff training resources, licensing, approval, evaluation, and fiscal management; and (c) the direct services provided for children and families, e.g., center-based care and non-center based care. The three basic studies follow this section in the following order: Area Office Survey, Non-Center Based Day Care, and Center-Based Day Care. They are presented as a series of independent studies in order to facilitate their separation into component parts by those who must work out details. Collectively these studies provide a profile of the present status of child care as it exists in West Virginia. This profile follows the three studies. The profile of day care as it exists is followed by an assessment of what West Virginia's planners say that they want with respect to day care. Finally, a relatively comprehensive set of recommendations for a day care system is proposed.

In order to create the recommendations for child care services, each of the studies mentioned above was designed to gather data concerning the present problems as well as desirable goals for the future. Data about what exists and what West Virginia people want to exist are also drawn from the analysis of the basic day care and early education documents produced by various agencies and groups within the state (Porter, 1971; Moore, 1971; Clay, 1971; Task Force, 1972). The recommendations are, therefore, not proposals made independently of input from those in the state who are most qualified to judge the needs and propose the goals related to child development. The recommendations are a series of suggested alternatives and supplements designed to move day care services from their present scope and quality to the provision of even greater benefits to child, parent, and state. Not many of the suggestions are new to West Virginia's day care personnel. They are, however, tied together in a systematic program and they are based on empirical investigations of each component of service as it now exists. We have found only one previous study of day care in West Virginia in which first-hand observational data formed the primary source of information.

Any person or group gathering data works under certain assumptions and definite constraints of time, money, and propriety. This is especially true in the study of a broad human social system that is represented by the day care services available in any state. We assume that day care, irrespective of the type or quality, is influenced by and influences community opinion. We could not include the study of these reciprocal influences in our work. We assumed that placing a child in day care influences family relationships. We were not able to examine these changes in this short-term study. We assumed that placing a child in day care influences learning and development over time. We could not study these variables without data about children as they enter day care and after they have been involved for many months.

We assumed that learning and teaching occur in all day care settings irrespective of the stated purpose, or intentions, of the caretakers or staff. This learning and teaching can be appropriate or inappropriate. In good day care there is a greater proportion of appropriate learning and teaching than of inappropriate.

We assumed that there are basic behaviors of adults that actively influence child development. We studied these behaviors in actual day-care settings. We assumed that child involvement in the activities available to him is a direct result of the quality of the day care setting. We studied the involvement of children in day care settings. We assumed that the back up systems for day care--recruitment of families, licensing and approval, transportation to and from facilities, monitoring and evaluation, training and consultant resources, fiscal management, and fiscal resources--were all important aspects of day care. We gathered information about each of these components.

We further assumed that a comprehensive day-care system must include an explicit set of goals and objectives, a set of procedures and methods to attain these goals and objectives, and a system for assessing the degree to which the goals and objectives have been, or are being met. In the following section, we present the findings of the set of basic studies as these are related to each of these three aspects of any day-care system. The discussion represents a cross-section of the day-care services provided in West Virginia as seen by a small group of professional people during the period of mid-October 1972 through mid-January 1973. The readers and users of this report should remember that the data were gathered based on a system that was undergoing pressures for change even as it was being observed. Several examples of this change are easily enumerated, such as uncertainty felt by persons presently working in day-care programs funded through the Office of Economic Opportunity (OEO). At the time of data collection and at this writing there are many rumors circulating with respect to the future of programs funded under OEO. Second, is the fact that definitions, categories of day care, and administrative guidelines for the Welfare Department role in day care are undergoing revision. Third, is the freeze placed on Federal funds which have been available and almost unlimited under Title IV of the Social Security Act. A fourth example is that the Statewide Enrichment Project for Day Care Centers funded by the Appalachian Regional Commission was being put into operation as this report was being written. Fifth, is the fact that the statewide kindergarten program was being implemented for the first time during the present school year. The impact of all these and other factors cannot be anticipated at this time. Suffice it to say, however, that anyone studying a dynamic social system, such as day care, will find that some statements made today will not be accurate even a short time later. We believe, however, that although some specific procedures and relationships cited in this report may have changed by the time this report is read, most of the findings and conclusions will hold true. The basic underlying concepts and strategies of a social system simply do not change as rapidly as some of the surface characteristics.

A reader should also understand that most of the statements of findings reported represent the most frequently seen mode of operation of the day care system. There is a wider range of operational effectiveness among the programs than may appear from the presentation.

In summary, these studies sought to clarify problems, issues, and the scope and quality of day care. They were addressed to:

(1) The policies and procedures of the various state and local regulatory agencies to whom day care providers are responsible and an examination of the specific legal constraints that apply to the organization and operation of day care facilities;

(2) An assessment of the adequacy of the present levels of day care with respect to stated goals by providers and regulators of care;

(3) An assessment of the adequacy of the present day care resources with respect to upgrading and expanding the statewide system of day care;

(4) Development of appropriate licensing models for each

type of day care provider with accompanying recommendations and justification; and

(5) Development of appropriate program models for each type of day care provider with accompanying recommendations and justification.

Interviews were held with numerous state and local officials to discover problems and strengths of their requirements from their particular point of view as well as to gain an understanding of each agency's policies and procedures. Copies of pertinent manuals, documents, and reference works associated with each agency were obtained for study and evaluation. Building on this base, specific questions and checklists were developed for the center-based and non-center-based evaluation. Fire, health, zoning, sanitation, and welfare department standards were checked during the study by observation, sampling, and inspection by evaluation team members. Interviews were held with center directors, center staff, and non-center based caretakers to discuss their problems and complete the total picture of current day care.

1. THE CONTEXT OF DAY CARE - AREA OFFICE SURVEY

INTRODUCTION

This study was essential in order to give local level welfare staff members an opportunity to provide the project research team with the contextual framework, the feelings, and the opinions prevalent in their areas with respect to day care. A study void of this contextual framework from the local level would have been lacking a base in the realities of area differences.

The interviews were conducted to gather data on an area basis from the viewpoint of the operation of the welfare program. The specific objectives were to: (1) understand the welfare program as it currently functions; (2) identify current problems; (3) determine varying cultural areas; and (4) gain insight into present attitudes on day care.

The conclusions and recommendations contained in this study and others are a result, in large part, of the candid discussions between interviewer and welfare staff members.

PROCEDURE

As an introduction to the Area Administrators, Mr. Ward Nicklin, Assistant Commissioner, Program Operations, sent a memorandum to each area office (Exhibit 1). This memorandum explained the purpose of the study being conducted by Family Learning Centers under an agreement with the West Virginia Department of Welfare. In addition to this memorandum, a video tape with Commissioner Flowers and Mr. Jeff Marsh, President of Family Learning Centers, was mailed to each regional video training unit. By reading the memorandum and viewing the tape, the appropriate personnel in each area office became familiar with the purpose and procedures of the study.

On October 24, 1972, two Research Associates began meeting with the area administrators and any of their staff that the administrator believed would be appropriate. Advance appointments were made to give the area administrator time to select and brief the other staff members to be interviewed. The selection and inclusion of these people was left to the discretion of the administrator.

Interviewers followed the Interview Guideline (Exhibit 2) developed by the Family Learning Center's staff for the purpose of collecting relevant data. In addition to the basic data collected through the use of the guideline, a special effort was made to identify unique situations, or problems existing in each particular welfare administration area.

The topics in the Interview Guideline were discussed with the area administrator through Item V. At this point those of the staff that the area administrator wished to include joined the discussion. Most of the supervisors and the social service workers gave candid opinions of the day care situation in their area.

In several instances, centers, in-home situations, or neighborhood day care homes were visited by the interviewer. These visits were in addition to the evaluations designed to determine the current status of day care in West Virginia (see Non-Center Based Day Care Evaluation, and Center Based Day Care Evaluation which follow this section). However, observing the various day care situations broadened the understanding of the interviewer with respect to particular problems as well as some of the different reasons for these problems.

All twenty-seven Welfare areas were visited and interviews held with sixty-one Department of Welfare social service workers in addition to twenty-three area administrators.

RESULTS

All data were summarized in order to draw conclusions from the opinions of staff as they relate to each of the topics in the Interview Guideline. From these summaries, conclusions and recommendations were drawn relative to day care procedure and needs as reflected in the comments of the Department's own employees, i.e. those closely involved in the daily struggle to help the citizens of West Virginia.

All comments by area office staff at the time of the interview have been categorized under the following major headings:

1. Employment
2. Transportation
3. Training and training resources
4. Center based care
5. Non-center based care
6. Programmatic Weaknesses

Table 1 below, gives an overview of the comparison between positive and negative comments expressed with respect to each topic (excluding #6):

TABLE 1 COMMENTS ON TOPICAL HEADINGS BY AREA STAFF

Topic	Comments Positive	Negative
Employment	8	29
Transportation	5	30
Training Resources	24	13
Center Care	27	59
Non-Center Care	12	55

Negative comments represent difficulties and problems which exist and that would have to be overcome in the delivery of a quality day care program. Positive comments indicate optimism with respect to the particular topic. People were optimistic with respect to training resources, but indicated that major problems exist in employment, transportation, center care, and non-center care. Actually, non-center care is proportionally, seen to be fraught with more problems than any other discussed.

Another source of data is the III Social Service Day Care Workers Questionnaire (Appendix I) completed by the social service workers from each of the 15 areas. These workers represented a random sample in that they came from areas in which the random sample of day care centers, in-home caretakers, and neighborhood day care homes were located. (See Non-Center Based Day Care Evaluation and the Center Based Day Care Evaluation which follow).

In order to combine the data from the area office visits and the Questionnaire a positive-negative split was applied to responses to the request to "Please make any comments that you wish concerning the day care needs in your area of the state." These responses have been listed as negative comments due to the nature of the question. The count pertaining to either center based care or non-center based care is reported below:

1. Negative comments on center based care - 21
2. Negative comments on non-center based care - 20

Recurring statements from both Questionnaire and interviews have been combined to further support the area staff opinions relevant to Center-Based Care and Non-Center Based Care.

The following summaries of the opinion data describe how each of the topics related to day care is viewed throughout the state.

Employment

Department of Welfare staff members were not optimistic with respect to employment potential in most areas. Of the 37 opinions expressed, 29 were negative.

Of the 29 negative comments the overriding problem of lack of employment for women or, in many cases, for anyone, was represented by 48% of the opinions. Approximately 20% of the opinions indicated that most AFDC mothers were not adequately trained and in two instances it was stated that the range of training offered was not closely related to the employment opportunities available.

Other problems related to employment are listed below.

1. Closing down mills or factories in two areas because the area was largely rural. (2 comments)
2. Transportation was a factor. (3 comments)
3. Mothers should not be required to work. (3 comments)
4. Older citizens in these areas want no new industry (2 comments)

The eight positive comments were expressed by urban area staff members and other staff members who were expecting a substantial increase in industry in the near future.

Transportation

Transportation presents more of a problem than any topic discussed. Of the 30 negative comments expressed, 15 used the word "problem". Nine others see transportation as a problem, but used a different descriptive word.

When related to day care, six area staff members stated that transportation was the major restraint in selecting qualified vendors and the main problem that centers in their respective areas face in attaining full enrollments.

Other negative comments included:

1. Existing insurance laws. (3 comments)
2. Bad roads. (1 comment)
3. The fact that many clients live in rural areas. (2 comments)

The only positive comments were in the form of recommendations or projections:

1. Transportation Stamps might create more public carriers. (2 comments)
2. The Board of Education would be the likely ones to help due to existing routes and carriers. (3 comments)

Training and training resources

The availability of training resources throughout the state is recognized by many area staff members. Positive comments represented 65% of the total opinions stated. Those areas (9) having resources within their boundaries tended to be more verbal regarding the topic of training and the availability of resources. Another 7 were agreeable to and even recommended training Welfare mothers as paraprofessionals either in their home, or at a training center if it was convenient.

1. Two social service workers were willing to train mothers themselves.
2. Two persons commented on the success of existing parent child centers for training.
3. Four persons suggested that people needing employment could be trained as paraprofessionals and that they had confidence in the potential of these people.

Negative comments were focused on the lack of qualified personnel working in many centers (8), and on the fact that there were no facilities for training (5). They believed that there was very little interest in day care on the part of local organizations.

Center Based Day Care

There was a total of eighty negative comments recorded regarding center based day care. Area staff felt that the two predominate problems related to center based care was the quality of care presently offered (17) and the present attitudes of welfare clients toward center care (16).

To maintain quality, area staff felt that more qualified personnel should be in centers and that "good" centers were not available in most areas. In close relationship with quality, area staff felt that there is a need for more parental involvement in centers and for closer supervision of the center programs by social service workers.

The attitudes of clients concerning center based care, according to staff members, are not conducive to increased use by welfare clients. Such statements as "day care centers are associated with mental retardation", or "kids should not be taken out of the family environment at such a young age", illustrate parental concerns. The latter opinion was also shared by staff members from four different areas.

In addition, workers felt that these attitudes are testimony to the fact that clients do not know what good day care can do for the child and, therefore, will use non-center based care comparable in quality to the home environment of the child.

Area staff felt strongly (14 comments) that the present fee scale is too low. Many of the centers stay full without welfare children and they are reluctant to take these children for only $3.00 per day. Payment based only on days attended is received unfavorably, and delay in payment is often extensive.

A surprising number of employees (12) suggested the need for the availability of longer hours in existing centers. Workers stated that many cannot be used by clients who are working, or in training, due to the limited hours the centers are open.

In many areas staff members felt that the possibility of using centers for clients is not feasible due to the transportation problem. Eight staff members stated that in-home or neighborhood care prevailed because of the convenience factor and they felt that they could not encourage center care because of this.

Other problems concerning center care which were expressed less often, are listed below:

1. Licensing laws regarding fire and health regulations are inconsistent and enforcement varies. Also the fire regulations in particular, make opening a center very costly. (5 comments)
2. Facilities are hard to find and building costs are too high to encourage building a day care center. (2 comments)
3. There is much confusion regarding the licensing requirements and too little communication from the state to area offices about day care center procedures. (3 comments)
4. Centers should not be prevented from offering infant care. (2 comments)

Regarding positive comments, many workers are aware of the benefits of center based care and prefer that clients use a center. Eleven workers stated that center care was the best situation, if available, and that it was beneficial for a child to be out of the home environment and in association with children of different socio-economic backgrounds. Four workers expressed the desire to have a center located in their area and four others feel that the ones they presently have are higher in quality than most.

Other comments were:

1. Area Social Services Workers would like to have more

control over licensing. (2 comments)

2. Centers would be good from an employment aspect for clients. (3 comments)
3. Private, for-profit centers are the best. (2 comments)

Most workers would like to see the deterrents to center care overcome and as many clients as possible apprised of the benefits for the child in day care.

Non-Center Based Care

Most comments categorized as negative with respect to non-center based care were concerned with the subject of vendor qualifications. Thirty-five staff members felt that the quality was low due to the fact that most caretakers are incapable of providing anything but custodial care. They thought that this was due to a lack of training. Of these thirty-five, twenty-nine persons felt that the problem was in the regulations governing selection and approval of these caretakers. They felt that these regulations were vague and evasive with respect to the exact capabilities that the provider should have.

Another twenty persons stated that the fees were too low and inconsistent from situation to situation. Twelve of these persons stated that vendors are constantly complaining about payment being slow and that they have lost some of their better providers for this reason. Workers feel that they cannot recruit better vendors until the fee scale is raised and that no one should expect anything but custodial care under the present scale. This is illustrated in the following excerpt from a letter written to a social service worker last October:

> "We feel that the duties of a day care mother are time consuming and all important; I know I could put a lot of time and even money in the project. But the salary for the scope of the job - for a person who would do everything to fulfill the contract and responsibilities - is insufficient to make the job worthwhile, in our opinion."

Other problems relating to non-center based care, as seen by area staff are listed below:

1. Workers stated that they cannot assign children to a caretaker. The mother must make the decision. (4 comments)
2. Transportation problems limit the selection of the provider in many cases. (7 comments)
3. Supervision and home visits are not conducted as often as necessary and in many cases the worker has not met the provider. (6 comments)
4. Due to friction between mother and caretaker there is a lot of turnover in non-center based care which causes excessive paper work and confusion in payments. (4 comments)

Many of the comments by the area staff were encouraging with respect to what can be done to improve non-center based care. A majority were interested and feel that the responsibility for improvement is theirs, but they also feel that they cannot meet this responsibility under their present work load.

1. They stated that they would be willing to train vendors and have regular meetings with them to help. (One worker already does this, by showing pertinent films

and sharing helpful literature on child development.) (5 comments)

2. Raising the rates and providing a training program would give the job of caretaker more prestige and more people would be interested and proud of the station. (4 comments)
3. Even though most workers feel that center based care is best, three from very rural areas pointed out that, even though it was preferable, center care would not be feasible. Areas like this could only function with non-center based care. (3 comments)

Progammatic Weaknesses

Day care is recognized as a very necessary and helpful service made available to the low-income citizens through the Department of Welfare. However, there are definite needs for improvement in implementing, monitoring, and upgrading this program.

According to fourteen area office staff members, the paperwork involved in day care is extensive, complicated for client, caretaker, and worker and is not always as efficient as it should be.

These same fourteen believe that their offices are understaffed in order to handle the current day care needs. If the new eligibility rules increased the number of people asking for this service the workers would not be able to meet the demand. Even now the workers have no time to talk with a vendor about the childs' needs. In many cases they are not sure of the objectives the Department wishes to have met in a day care setting.

Standards for vendors are vague according to staff members. Two said that they were so broad that they usually had no idea of who they could turn down, unless age or health was a factor. Five staff members mentioned the fact that several different persons in an office handle day care problems with no one person coordinating their efforts.

Another staff member stated the fact that day care is not given priority enough on a state level and the success of the program in many areas depends on the area administrator's opinion of its importance.

CONCLUSIONS

The following conclusions are based on the opinion data collected through the area office interviews. They represent, as closely as possible, an accurate interpretation of the beliefs and attitudes by area staff from the summaries about employment, training, and training resources, transportation, center based care, non-center based care, and programmatic weaknesses.

1. Employment needs are a problem throughout the state. Day care can be a source of employment for many low income citizens if they are adequately trained.
2. Due to transportation difficulties, recommendations must focus on quality day care that is as convenient for the client as possible. Participation in an improved day care program will be minimal if this factor is ignored.
3. Transportation is also a factor in the training component of a delivery system. If a training program is to be initiated for low-income citizens, it must provide for a transportation allowance, have a transportation component, or be carefully located. In-home training of day care mothers will be best in some areas. In this case it would be necessary to provide transportation for the trainer.
4. Training resources within the state are the logical starting point for training in early childhood. A specific effort should be made to utilize locally

available resources wherever possible.

5. Center based care is believed to be the preferable situation for the child, though not always possible. The environment away from home and the social stimulation of being with one's peers is often necessary for the optimal development of the child. It is apparent that this conclusion is not shared by clients and many workers.
6. Day care centers are not an attractive business venture due to the following factors: initial investment and costs are high, fire and health regulations are not standardized and are enforced differently from area to area, the fee the Department pays is low, tranportation is a problem and often dictates the survival of a center, and the present image of day care does not enhance the situation.
7. Several facilities licensed as day care centers do not serve the working or low-income citizen-in-training due to closing too early (3:00 to 4:00 p.m.).
8. Non-center based care is looked upon as a babysitting arrangement by most clients and providers. Workers do not tend to think this, but so far have had little success in changing the image.
9. There is no clear statement concerning the Department's objectives for the children who are provided day care. There is confusion as to what should be expected by the parent, and of the caretaker with regard to child

objectives.

10. Social service workers do not feel that the present fee scale is conducive to providing quality day care.

11. Area offices are understaffed and responsibility for the day care program is often not clearly specified. For this reason, there is limited advance recruitment of vendors, and minimal, if any, monitoring of existing day care situations.

12. A majority of social service workers contacted are interested in improving the day care in their area, but need support and guidance.

13. The paperwork involved in day care is time consuming, complicated, and with respect to payment for services rendered, not as efficient as it should be.

14. There are many discrepancies among areas concerning day care standards and the procedures for opening a center.

15. There has been no deliberate attempt made to inform people included under the new eligibility standards that they are now eligible for this service. If these standards are promulgated the location of center slots and non-center vendors (qualified or not) will be impossible with the current area staff.

16. Opinions about day care vary throughout the state according to cultural backgrounds and in relation to opinions about welfare in general. In many areas day care is synonomous with welfare.

EXHIBIT 1

WEST VIRGINIA
DEPARTMENT OF WELFARE
CHARLESTON 25305

EDWIN F. FLOWERS
COMMISSIONER

MEMORANDUM

DATE: October 18, 1972

TO: All Area Administrators

FROM: H. Ward Nicklin, Assistant Commissioner, Program Operations

RE: VISITS TO AREA OFFICES BY REPRESENTATIVES OF FAMILY LEARNING CENTERS, INC.

On October 10, 1972, the Department of Welfare signed a contract with the Family Learning Center, Inc. of Atlanta, Georgia. The Family Learning Center, Inc. (FLC) is to evaluate and assess the day care needs of the indigent children of West Virginia in order to make recommendations for a model day care program and delivery system. Their report is due during February, 1973.

On October 17, 1972, a video tape with Commissioner Flowers and Mr. Jeff Marsh, President of FLC, explaining this contractural agreement was mailed to each regional video training unit. This tape is to be shown immediately to the area staff where the regional video machine is located and promptly routed to adjoining areas in your region. Area administrators and members of their staffs should be able to extend more constructive assistance to members of the FLC staff visiting their offices if they have viewed the tape prior to their visit. Consequently, I urge each area to assume responsibility for promptly routing the tape and equipment so all employees will view it during the week of October 23-27, 1972.

FAMILY LEARNING CENTERS, INC.

Family Learning Centers, Inc. is a Georgia corporation founded in 1969. With emphasis on child development and early learning, the company operates and manages Kittredge Schools with the primary purpose of assisting parents in the development of their preschool children. Facilities of Family Learning Centers are staffed with professional personnel from the fields of early childhood development, child psychology, and business.

At present, there are seven Kittredge Schools in operation in the Atlanta area, including the Donner Project which is a federally funded center managed by Family Learning Centers. Additional centers are under construction and scheduled to open in late 1972. Over 800 families currently use Kittredge as a solution to their day care needs.

On May 11-12, 1972, representatives of the United States Department of Health, Education, and Welfare, Region III, including Commissioner Francis Warren, Deputy Commissioner William Crunk, and Developmental Disabilities Consultant

Elizabeth Schoenfeld visited Family Learning Centers, Inc. and its Kittredge Schools to evaluate their curriculum, operations, and educational methods.

As a result of this two-day evaluation, Commissioner Warren recommended to Commissioner Flowers that he consider Family Learning Centers, Inc. as a possible private company to aid West Virginia in meeting the present and increasing day care needs of the State.

Based on Commissioner Warren's recommendation, Commissioner Flowers and Assistant Commissioner Virgil Conrad conducted a two-day, on-site audit of Family Learning Centers' operations. Special attention was placed on program content and diversification of delivery systems.

On September 5-6, 1972, Mr. Marsh, President of Family Learning Centers; Mrs. Martha Tidwell, Administrative Assistant; Dr. Walter Hodges, Educational Advisory Board Member; and Mr. Richard Ney, Government Negotiator; met in Charleston with Commissioner Flowers and other selected interested individuals to discuss numerous areas of common concern.

As a result of these meetings, it was mutually agreed that Family Learning Centers would submit a proposal to the State to aid in assessing and evaluating its child care needs.

The overall objective of this study is to determine what day care services now exist in West Virginia, what day care services are needed, and to determine the best way for the State to deliver better day care services to more Welfare children.

Put more succinctly, these objectives are:

1. Assess and evaluate the scope and quality of child care now offered in the state of West Virginia.
2. Develop an appropriate model of quality. Compare existing day care operations to the model developed by Family Learning Centers.
3. Determine the most efficient and effective method to deliver the model throughout the state of West Virginia.

The Family Learning Centers, Inc. has established a base of operations in Charleston. Resumes of those conducting the study are attached.

Mr. Marsh has indicated that Mrs. Shirley Davis and Mrs. Martha Tidwell will be asked to visit each area office. They will want to spend approximately one-half day with each area administrator and appropriate staff members. Their obvious concerns center around day care programs; however, I am sure that they will profit from an indepth discussion of all our programs, services, and operating techniques.

The following is their tentative listing of area office visits:

MRS. MARTHA TIDWELL

- Martinsburg
- Romney
- Moorefield
- Grafton
- Elkins
- Grantsville
- Sutton
- Summersville
- Lewisburg
- Fayetteville
- Beckley
- Princeton
- Charleston

MRS. SHIRLEY DAVIS

- Wheeling
- New Martinsville
- Fairmont
- Clarksburg
- Weston
- Harrisville
- Parkersburg
- Spencer
- Huntington
- Wayne
- Hamlin
- Logan
- Williamson
- Welch

You may expect a call from either Mrs. Davis or Mrs. Tidwell for the purposes of establishing a date for their visit. They will attempt to schedule one visit in the morning and one in the afternoon and will look to you for advice regarding motel availabilities, as well as suggested routes to the next area office.

Please feel free to openly and candidly discuss anything you feel would be of benefit to Family Learning Centers, Inc. Your usual cooperation will be appreciated.

Thank you.

HWN/jml

Attachments

cc: Mr. Jeff Marsh
Mr. Edwin F. Flowers
Dr. John A. Yankey
Mr. Virgil L. Conrad
Mr. Paige Skaggs, Jr.
Mr. Harley R. Hedge
Mr. Edgar D. Van Camp
Miss Dorothy Allen
Mr. Richard Bruffy
Mr. David Forinash

EXHIBIT 2

INTERVIEW GUIDELINE

I. General Information

  A. Area # and counties inclusive

  B. Population by county

  C. Population trends for last 10 years by county

  D. Square miles

  E. Largest cities

  F. AFCD trends

II. Employment Opportunities

  A. Sources of employment for AFDC mothers

  B. Hours in respect to day care (shift work)

  C. Future outlook

III Transportation

  A. Existing transportation - comments

  B. Should centers provide transportation?

IV. Training and Training Resources

  A. Colleges or universities - education program offered

  B. Other training programs

V. Day Care

  A. Centers

    1. Enrollment

    2. Welfare enrollment

    3. Comments on center by workers

  B. In-home and Neighborhood

    1. Number of providers

    2. Number of children in care

        3. Standards for selection of providers
        4. Problem in recruitment
        5. Recommendations

VI. Community Organizations
    A. Identify
    B. Identify services
    C. Identify key people

VII. Conclusions of Interviewer

DAY CARE SETTINGS IN WEST VIRGINIA

The West Virginia Department of Welfare purchases day care services from three major sources: 45 licensed centers, 306 in-home caretakers, and 627 out-of-home caretakers. Among the forty-five centers there is an approximate total of 554 welfare assisted children enrolled. In the in-home and out-of-home facilities there are 880 and 1419 children, respectively (Department of Welfare, 1972, p. 26). Based on statistics available from another source, only approximately six percent of the children who need day care, are receiving it at present (Porter, 1971).

There are five classifications of day care providers in West Virginia:

1. Voluntary welfare agency	Licensed
2. Privately owned agency	
3. Family-Home	Approved
4. Neighborhood Home	
5. In-Home	

Each type of provider is subject to varying degrees of regulation and each offers a different level of day care service. They are under the direct jurisdiction and supervision of the Department of Welfare who, through the State Licensing Board for Welfare Agencies, promulgates minimum standards and requirements for licensed day care centers. The State Licensing Board membership consists of representatives from the Departments of Welfare and Health, The State Fire Marshal's office and three persons appointed by the Governor. Existing and new centers must be inspected by and are subject to the regulations of each of the above agencies to obtain and maintain a license. Every center must comply with the local, county or municipal zoning code. Following the inspection of each center and the report to the Licensing Board, an application may be rejected, or the center may be granted a renewable provisional license valid for 90-100 days, or the center may receive a regular 2-year license. As of September, 1972 over 40 centers are holding provisional licenses.

The Department of Welfare has established less stringent standards for approval (not license) of In-Home, Neighborhood, and Family Home providers. The Social Services Manual chapter 12000 on day care service contains the agency standards for In-Home, Family-Home, and Neighborhood-Home care.[1] Standards are almost non-existent for In-Home care and focus on the age, personality, physical, and emotional health of the caretaker. Working hours of the caretaker are defined and broad guidelines established for food service and health care of the children. Since the service is provided in the child's own home, there has been little incentive or legal power for upgrading the quality of day care through revised standards.

Agency standards are higher for Out-of-Home facilities and include a mandatory visit to the home for an interview with the caretaker and inspection of the facility in the case of the Neighborhood home. Three outcomes are possible after the visit:

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[1] During the progress of the present study, the State Department of Welfare, Division of Social Services, was revising the Social Services Manual and changing certain definitions. A draft copy of these revisions dated January, 1973 was forwarded to the research team on January 26, 1973 as this report was being written.

rejection of the home, provisional, or regular approval. Once again, age, health, and personality requirements of the caretaker are included. Standards to be considered are indoor and outdoor play space, nap facilities, fire safety, sanitation, dangerous substances, and availability of screens. These standards while slightly more definitive appear to lack the depth and scope necessary for the proper development and safeguarding of the large numbers of children who use them. In fact it is difficult to understand how a social service worker could legitimately reject a home since the standards are not sufficiently explicit.

Family day care homes are actually mini-day care centers. These are the most highly regulated of the three types of non-center care. This fact is reflected in the relatively comprehensive requirements under which they must operate. However, there is no provision in the manual for rejecting the home other than, "the agency service worker must be assured that the day care family meets the requirements." The main topical classifications are The Day Care Family, Grouping of Children, Dwelling and Safety, Program-Daily Activities, Health and Dental Care, and Meal Time - A Pleasant Time.

The common goal shared by day care providers and the state is the welfare of children who need and use day care services. The state assists this commendable goal "through maintenance of sound standards for the health, welfare, and development" of children (Department of Welfare Publication, July, 1965). Whether the legal requirements are adequate, uniformly interpreted, and consistently enforced will be partially reflected in how effectively these providers are meeting this commitment. All institutional programs require the deletion of outdated, unrealistic regulation when necessary, but of greater importance is the creation of new standards in light of changing needs, environments, and concepts of quality day care.

The following two studies were designed to determine the daily environment to which a child in day care is exposed. Both the center and non-center based evaluations focused on input to children, i.e., the way in which caretakers organize, manage, and deliver the services to children. The study did not attempt to assess the degree to which the program and service is related to long-term child outcomes such as the development of social or intellectual skills. The studies were not concerned with measuring academic performance, i.e., whether the children were learning the alphabet, numbers, colors, or whether being in day care meant that children were better off than those not in day care on any criteria. Studies to determine these outputs would involve control and contrast groups as well as more time and personnel.

2. NON-CENTER BASED DAY CARE EVALUATION

PROCEDURE

On November 20, 1972, a representative sample of non-center caretakers was selected from the 933 in-home and out-of-home vendors currently offering child care services in West Virginia. The state was divided into four geographical regions in order to adequately represent all areas. (Exhibit 3). These regions were the northern panhandle, the eastern panhandle, the central, and the southern. The existing day care vendors in each of the four regions were identified as either In-Home or Neighborhood-Home providers. In-Home care is provided in the child's own home with the caretaker coming from outside the child's home. Neighborhood homes provide care outside the child's home. Family homes were not evaluated separately since there are few conceptual or practical differences in the type of care they offer when compared to the Neighborhood Homes. Family Homes were proportionately represented in the sample, but combined under the Neighborhood heading. The total number of vendors in the various geographic regions is shown below:

	Total Vendors	Neighborhood	In-Home
Northern Panhandle	142	101	41
Eastern Panhandle	32	22	10
Central Section	103	67	36
Southern Section	656	439	217
TOTALS	933	629	304

A proportionate sample of these areas by density of vendors yielded the following sample:

	Total Sample	Neighborhood	In-Home
Northern Panhandle	5	3	2
Eastern Panhandle	3*	2	1
Central Section	5*	3	2
Southern Section	21	14	7
TOTALS	34	22	12

*These figures represent an adjusted number in the Eastern section. Based on percent, only one vendor would have been evaluated. In the Central section three would have been evaluated. These were adjusted upward to give a more representative sample.

The unbiased selection of the sample of non-center based vendors was conducted by representatives from the Division of Social Services, individuals from the Licensing Unit for Child Welfare Agencies, and the research staff of Family Learning Center, Inc. Based on the density of the in-home and neighborhood homes in each region a proportionate number of both types of vendors was calculated. Next, the names of all Welfare Area Offices located in each region were put into four separate boxes. A proportionate number of the area office names were drawn based on the density of in-home and neighborhood homes in the areas. Each social service worker in the seven area offices selected was asked to assign a number, in sequential order, to each caretaker as they appear in the local file. A table of random numbers was used in making the final selection of the sample of caretakers. After each vendor was selected, a code name was assigned to insure anonymity of all vendors. Three of the 34 caretakers included in the sample quit providing care during the last week of the study and were not evaluated.

The Project Consultant of Family Learning Centers studied existing evaluation instruments and designed The In-Home, Neighborhood, and Family Day Care Review Manual. (Appendix II) The manual includes the following instruments:

1. Caretaker Interview Schedule
2. Caretaker Profile
3. Daily Schedule Form
4. Observation Form
5. Reviewer's Summary Report
6. Physical Plant Description

Persons experienced in and knowledgeable about early childhood education gathered the data. These persons and the social services workers were oriented to the standard procedures for evaluating in-home and neighborhood vendors. The reviewers were trained by the project consultant in the use of the In-Home, and Family Day Care Review Manual.

Each reviewer spent approximately two hours in each in-home or neighborhood situation. Activities in the homes included interviewing the caretaker and observing the activities of the children and adults. Each reviewer, after leaving, completed the Reviewer Summary Report.

RESULTS

While the physical setting was important to the study, a measure of the less tangible aspects of day care was sought. These qualitative assessments were directed toward the caretaker capabilities, attitudes, quality of care given, and activities provided for the children.

Objectives

Stated objectives for the children were limited. Most caretakers had difficulty responding to the question even though it was posed in several different ways. It was often necessary to coach the caretaker by providing examples of objectives in order to elicit a response. The most frequent objectives provided were:

1. Teaching the child one or more school skills;
2. Teaching manners; discipline, sharing;
3. Bottle weaning, potty training, eating, walking;
4. No objectives stated; and
5. Miscellaneous: e.g., teaching right from wrong, hygiene.

The methods used by caretakers to help a child meet the objectives established for him should have a direct relationship to the child's level of achievement. While it was beyond the scope of this study to measure achievement, it was possible to acquire statements from day care mothers on how they instruct and direct the children towards the goals that they stated. There are few apparent differences between In-Home and Neighborhood-Home techniques. Generally, caretakers said that they showed by example, or read and repeated letters and numbers. A few caretakers simply watched. In two homes the stated technique was to spank. The evaluators observed that much of the caretakers' time was spent on household chores or watching television.

Program Observations

Each observer was accompanied by a social service worker from the local welfare office in order to reduce any fears that caretakers might have had. Whenever possible, this worker was to have had previous experience and a personal working relationship with the caretaker. The social service worker also freed the caretaker for the interview by interacting with the children.

It was understood from the start that the observer would not see the variety, or depth, of program found in center based care. Our purpose, however, was to verify the range and type of program activity in which children participate. Tables 2 and 3 provide frequencies of the types of activity observed. The observations were made following an interview with the caretaker. This sequence enabled the observer to gain the confidence of the caretaker and establish rapport. The goal was to observe a minimum of two 15 minute activities within a time span of 45 minutes. If one activity exceeded 15 minutes, the observer noted this fact and simply counted the next period as a second occurrence of the same activity.

The In-Home program, Table, 2 can be described as narrow and limited when compared to the total possible range of activities. Most of these potential activities are within the economic, intellectual, and physical capabilities of the average caretaker. The salient activities in Table 2 are Unstructured Free Play and No Activity which together account for 90% of the observations. "No Activity" is defined by the child's aimless roaming

TABLE 2 IN-HOME PROGRAM OBSERVATIONS

Class of Activity and Frequency	Number of Observations	Percent of Total
Unstructured Free Play	9	45
Limited Free Play (Manipulative)		
Music (Listening, Singing, Marching)		
Directed Language and Number		
Transitions (Change from one activity to another)	1	5
Organized Games (e.g., Jack-In-Box)		
Story Time		
Art		
Discussion	1	5
Television Viewing		
Naps		
Snack and Lunch		
Outdoor Play		
No Activity	9	45
Total Observations	20	100%

TABLE 3 NEIGHBORHOOD PROGRAM OBSERVATIONS

Class of Activity and Frequency	Number of Observations	Percent of Total
Unstructured Free Play	22	55.0
Limited Free Play (Manipulative)	1	2.5
Music (Listening, Singing, Marching)	1	2.5
Directed Language and Number		
Transitions (Change from one activity to another)	3	7.5
Organized Games (e.g., Jack-In-Box)	2	5.0
Story Time		
Art		
Discussion	1	2.5
Television Viewing	6	15.0
Naps		
Snack and Lunch	1	2.5
Outdoor Play		
No Activity	3	7.5
Total Observations	40	100.0%

Neighborhood activities, Table 3, are more varied than In-Home. Children participated in 9 out of 14 typical activities. These activities lacked depth when compared with more commonly desired enrichment activities. This statement is not a criticism of the lack of pedagogic instruction in reading or math, but of the lack of such basic activities as art, story time, or discussion. Fifty-five percent of all activities were Unstructured Free Play. Play is a fundamental part of any child's development, but a part of the day might well be tempered with adult-child interactions which tend to focus attention and stimulate the child. The lack of focused activity is indicative of the implicit purpose of day care in these settings. The implicit purpose is obviously to baby-sit with the children and provide food, shelter, and safety.

Table 4 summarizes the variables each reviewer used to evaluate the observed activities. When designing this instrument, provision was made for the fact that some of the questions are inappropriate to a specific activity, hence the column labeled "Not Applicable". Since no meaningful distinctions can be observed between the In-Home and Neighborhood providers, the data are combined. Many of the questions and the responses are self explanatory. The percent of positive is proportionate to the total of negative and positive responses. Not Applicable responses were excluded from the calculation to reduce any distortion of the findings.

Questions 4, 5, and 12, reveal that while there was very little planning and purpose in the activities, the majority of caretakers appeared enthusiastic in their role and were alert to the whereabouts of the children. Many of these women physically demonstrate personal warmth and affection for the children both spontaneously and frequently. Only a few caretakers value silence above action or try to suppress the children in their care. Many caretakers are caring for children from their immediate family (e.g., grandmothers) and, therefore, treat the children as if they were their own.

The lack of training and early childhood knowledge are indicated through responses to questions 6, 7, 8, and 9. A fair interpretation of the spread of plus and minus responses is that many children are excluded from participating in a given activity. This may be a function of limited equipment or poor planning. When a child encountered difficulties in a task, he seldom got instruction to help him complete the activity. Instruction in the use and care of toys and materials is lacking. This type of knowledge is a desirable prelude for the more sophisticated concepts of the value of personal and other's belongings every child should acquire as he grows and develops.

The interest of children and their propensity to initiate different activities is related to the kind of adult/child interaction, but is also dependent on the adequacy of the equipment, materials, and supplies available to him. Questions 15 and 24 through 26 are related to these kinds of inputs. An average of 72% of the observed activities were without the benefit of sufficient amounts and variety of these items. Greater discussion of this subject appears on page 34 under Materials and Supplies.

TABLE 4 RESPONSES TO PROGRAM OBSERVATIONS

Question	Not Applicable	Positive	Negative	Percent Positive
4. Was there evidence of planning and purpose in the activity?	11	6	52	10
5. Was the caretaker enthusiastic?	5	45	22	67
6. Did each child get to participate?	35	19	13	59
7. Did caretaker help children who were having difficulty?	25	14	31	31
8. Was the caretaker responsive to the children?	6	33	27	55
9. Were caretakers teaching children to use and care for learning and play material?	15	17	37	31
10. Did caretaker interact with children out-of-doors?	58	2	9	18
11. Did caretaker eat with children?	62	2	5	40
12. Was caretaker alert to children?	8	48	20	70
14. Was caretaker a good model for language development?	5	41	26	61
15. Could children choose from variety of activities?	25	26	24	52
16. Did you observe overt physical affection?	4	41	31	57
17. Were children eager to initiate activities?	23	28	18	61
23. Did caretaker value silence among the children?	3	18	48	27
24. Adequate play Equipment?	3	25	47	35
25. Adequate learning materials?	4	14	58	19
26. Adequate expendable supplies?	9	15	51	23

Disciplinary method is another common characteristic of In-Home and Neighborhood-Homes. When asked what they do when a child misbehaves, 74% answered, "with spanking", or its equivalent as their first recourse for modifying negative behavior. Eighty-four percent regularly spank if they feel the situation calls for it. Few caretakers practice alternative methods of correction mentioned in the Center-Based study such as sitting the child in a chair, or talking to the child. Setting clear rules, using positive reinforcement, and ignoring inappropriate behavior, effective ways of managing children are as yet unknown outside of a few staff members of Day Care Centers.

Meals and eating policy are closely related to discipline by In-Home caretakers and reflect the same punitive spirit and practices. Neighborhood mothers on the other hand appear to experience fewer problems and are more inclined to use persuasion and encouragement (Table 5).

TABLE 5 EATING POLICY

Technique	In-Home	Neighborhood home
Spank	40%	10%
Sits until eats - no dessert or go to bed	20%	15%
No problem, use encouragement	40%	75%

The Bureau of Nutrition has developed nutritional guidelines relating to day care center meals and snacks in recognition of the particular physiological needs of young children. The child's need for frequent and small intakes of food is an accepted fact by experts in the fields of nutrition and early childhood; witness the recent reordering of priorities in the Head Start Program. As there are no comparable guidelines for non-center care, and, whereas 76 percent of the welfare assisted children receive regular care in these facilities, special consideration was directed towards this element of day care. The agency standards require that definite food "arrangements" be made. Tables 6 and 7 define the hours of care provided and the meals and snacks served for In-Home and Neighborhood care.

TABLE 6 IN-HOME HOURS OF CARE AND FOOD SERVICE

All Day	Breakfast	AM Snack	Lunch	PM Snack	Supper
7:00 - 11:00 pm					
7:30 - 5:00 pm					no
6:30 - 7:00 pm		no			
8:30 - 5:00 pm	no	no			no
7:30 - 12:00 pm		no		no	
24 Hours					
24 Hours		no		no	
24 Hours					
24 Hours		no			
lives in		no		no	
After School					
3:30 - Bedtime	NA	NA	NA		

NA - Not Applicable

NO - No Meal or Snack Served

TABLE 7 NEIGHBORHOOD HOME - HOURS OF CARE AND FOOD SERVICE

All Day	Breakfast	Snack	Lunch	Snack	Supper
8:15 - 5:00 pm	no	no		no	no
7:30 - 6:00 pm		no		no	no
7:00 - 5:00 pm					
6:30 - 6:00 pm		no		no	
9:30 - 4:30 pm	no				no
8:00 - 3:30 pm		no			no
8:00 - 7:00 pm	no	no		no	
7:30 - 4:00 pm		no			no
10 hours		no			
8:00 - 4:30 pm	no	no		no	no
7:30-3:00-5:00	no	no		no	no
8:00 - 5:30 pm		no		no	
7:30 - 6:00 pm					
7 hours				no	no
24 Hours					
Sun. pm - Fri. pm		no		no	
24 hours					
1-24 hours		no			
1 shift					
After School					
3:00 - 6:00 pm	NA	NA	NA		
3:30 - 5:30 pm	NA	NA	NA		no
2:00 -11:00 pm	NA	NA	NA		

NA - Not Applicable

No - No Meal or Snack Served

No conclusive statements can be made concerning the numerous caretakers who do not provide either breakfast or supper. A reasonable explanation is that children probably are fed before and after they leave the facility in all but a few cases. However, there is a startling absence of morning (60%) and afternoon (44%) snacks in the 24 hour and all day child care programs. This lack of snacks is certainly not an emergency situation by any stretch of the imagination, but it is highlighted to demonstrate an important area of child care that requires attention. Unfortunately, no information was available on the nutritional value of the meals served. Visits were scheduled around meals so as to minimize interruptions in the caretakers' meal preparation and to afford greater opportunity to examine other parts of the program.

Supplies and Materials

Evaluation teams looked for any kind of supplies or materials as one indication that the caretaker was providing some kind of learning opportunity or experience for the children in her care. The quantity and variety of items available was considerably less than that found in the day care centers. Examples of available supplies were crayons, coloring books, construction paper, scissors, materials, educational toys, 1" cubicle counting blocks, and children's books. Very few of these items were available to the children in these homes. Table 8 summarizes the reviewer's descriptions of materials and supplies provided by caretakers for the children. Less than 20% of the sample homes have enough supplies for the children and only 13% have sufficient materials.

TABLE 8 NON-CENTER BASED SUPPLIES AND MATERIALS AVAILABLE

Item	In-Home N=10	Neighborhood N=21
Supplies		
Plentiful, rich, adequate	2	4
Scarce, poor, inadequate	6	16
None or no response	2	4
Materials		
Wide range, adequate	1	3
Few, narrow choice	1	14
None or no response	6	6

The materials and supplies most frequently asked for by In-Home mothers were coloring and story books (4), blackboards (2), educational toys and outdoor equipment (1 each), Neighborhood mothers requested story and coloring books (8), outdoor equipment (3), games, toys and dolls (4), and supplies (1). Nine caretakers from both groups said they wanted or needed nothing else.

TABLE 9 CARETAKER PROFILES

Item	In-Home N=10	Neighborhood N=21
Average age of caretaker	39	43
Average education of caretaker	11.5	9.2
Number of caretakers with any formal child care instruction	0	0
Number of caretakers with no previous work experience with children	0	7
Average length of employment in months	14.7	10.1
In months adjusted for extremes	(N=3) 4.8	(N=3) 7.4

The caretaker profile (Table 9) was developed to provide information on the general qualifications and characteristics of non-center based day care providers. In-Home providers in this sample are slightly younger and have completed more years of formal schooling than Neighborhood providers. These variances would tend to cancel out if computed for the total caretaker population. The educational levels are high enough to enable most caretakers to successfully complete a basic early childhood training program, and to participate in regular in-service training. None of the caretakers have received any formal child care instruction to date. A third of the Neighborhood mothers had no previous work experience with children before becoming an approved caretaker. The average length of time a caretaker has provided service was 14.7 months for In-Home and 10 months for Neighborhood. These means were recalculated in both instances because each group contained 3 caretakers whose length of service ranged from 40 to 60 months and their inclusion greatly increased the statistic. When adjusted for the extremes, the average fell significantly. The lower averages may be representative of high caretaker turnover or a recent increase of approved providers. All caretakers stated that their basic qualification for child care was experience in raising their own children, baby sitting for others, or having grown up in a large family.

The general health of caretakers is an important variable of day care. Chronic illness or fatigue, and the cumulative effects of age can (1) disrupt the continuity of care causing additional hardship on the parents who must temporarily seek alternate care, and (2) detract from the quality of interaction between caretaker and child. Day care mothers were evaluated in part on demonstrated energy level, general health, and capability. Sixteen percent of the total sample were described as lethargic and/or overweight. One caretaker had a bad speech defect. The great majority of caretakers appeared alert, active, and in good health.

Physical Setting

Results from the evaluation of the physical facilities of In-Home and Neighborhood Homes present some vivid contrasts. Sixty-eight percent of all homes have suitable sized yards. However, very few caretakers have wheeled toys, or other gross motor equipment for the children. Many of the yards abound with trash and contain large areas of barren ground which tends to limit use during wet periods. Half of the In-Home caretakers allow children to play outdoors on a regular basis. The play area is the caretaker's own yard in all but two cases. Eighty-three percent of the Neighborhood caretakers made some provision in the child's day for outdoor play. Thirteen percent of these caretakers accompany the children to a park or playground. The rest of the caretakers confine the children to their yards.

Every evaluator had to record his observations of the non-center physical plant using a common list of 14 antonyms since it was important to standardize the descriptions of the many homes visited. The general condition of the physical plant in sixty percent of the In-Home situations was uniformly and accurately described as dirty, dark, cluttered, and inadequate for the children.

The Neighborhood facilities judged by the same criteria are much better, but still poor. Thirty-two percent of these physical plants were similarly described. Many were found to be substandard on two or more items according to the higher agency standards ascribed to them, e.g., "sufficient heat, light, indoor and outdoor play space."

All homes were evaluated on the basis of room size and interior play space. Play is a form of learning by experience and the effects are difficult to measure. The effectiveness of play is dependent upon stimulation and encouragement from the environment which includes people and things as well. Play space for the child is an area that "belongs" to the child; where he is allowed to control his environment, its arrangement and order. This may differ significantly from adult ideas of arrangement and order. Slightly over fifty percent of the total sample homes have inadequate indoor play space for the present number of children in each individual home. Ninety-two percent of the substandard physical plants were also described by three or more of the following words or phrases:

Interior Play Space	Outdoor Play Area
a. Small for Number of Children	a. Very Small
b. Cluttered	b. Muddy
c. Limited Play Space	c. No Toys or Equipment
d. Dirty	d. No Yard

Non-Center based facilities care for six or fewer children and are not inspected by the State Fire Marshal's Office. A social worker from the local welfare office may administer a short Fire and Safety checklist designed to bring to attention the most common hazards, or the worker may have the local fire authority inspect the home. Fire hazards were observed in three of ten In-Home facilities. These were:

1. Very dry Christmas tree with electric lights on;
2. Obsolete heating system for wood frame house; and
3. Unsafe coal stove.

Six of the twenty-one Neighborhood and Family buildings had the following fire hazards:

1. Open gas heater;
2. Entire facility had multiple hazards;
3. Unsafe oil heater;
4. Tremendous clutter;
5. Unguarded fireplace;
6. Space heater and overloaded outlets and extension cords.

Danger areas other than fire existed in 12 of the 31 homes surveyed. The most frequently mentioned hazards were steep stairs without hand rails, and condition of the dwelling, i.e., loose floor boards, clutter, and numerous objects on tables and shelves within the reach of children. Outdoor dangers included trash, junked cares, and the presence of a decomposing deer leg. In summary, it is readily apparent that non-center physical plants and settings for the most part fall into two categories: very good or very bad. With the latter can usually be found fire hazards or other dangers to children. These substandard homes constitute 41% of the total random sample. The meaning of this statistic can only be realized by projecting to the total population of 306 In-Home and 627 Out-of-Home caretakers. The total number of substandard non-center based day care facilities may easily exceed 375 and involve some 900 children.

Role Of Parents

Communication between caretakers and parents is desirable and necessary if the needs of the child are to be served. At the most effective level this exchange provides feedback to both parent and caretaker which then enables them to arrive at common goals and policies affecting the growth of the child. Few children in this age group can overcome the insecurity and confusion imposed on them by two adults with differing standards and policies. However, if both adults are unaware of better child care methods and practices, no amount of consultation will improve the quality of care. Communication is also a means of verifying and monitoring the progress of the child. Indicators of the presence of these communication apsects of day care are presented below. The evaluator tried to determine if there was consultation between the parent prior to the placement of the child, and if so, the areas covered. The evaluator also wanted to know if there was routine consultation on a continuing basis. Finally, the reviewer determined the extent to which parents were assisting in the operation of the home.

TABLE 10 PERCENT PARENT-CARETAKER INTERACTION

Consultation With Parent	In-Home				Neighborhood			
	Yes^1	Yes^2	No	Other	Yes^1	Yes^2	No	Other
Prior	20%	50%	20%		20%	25%	54%	
Routine	30%	40%	30%		40%	13%	29%	18%
Parent's Help	50%		50%		21%		79%	

Yes^1= Discipline, eating
Yes^2= Relatives' Child

The first entry under In-Home (Prior Consultation with Parent) indicated that in 20% of the homes, specific discussion did occur and that it centered on disciplining the child and the meals to be provided by the caretaker. In these instances the caretaker did not know the child or the child's parents before placement. The second item means that the child and child's parents were known by the caretaker, but most often all persons were relatives. Because of this filial, or social bond there already existed a common understanding of the caretaker's responsibilities and parent goals. Specific discussion was deemed unnecessary between these persons. The last item simply indicates that the caretaker provided an unqualified "no" when the question was asked. The percentages recorded under routine consultation are not directly related to the responses just discussed although the percentages and response would indicate that this is so. For example, one caretaker who had no prior consultation with parents did talk with parents as she felt the need. The Parents Help now shows another measure of parent influence on the In-Home caretaker.

As the table indicates, in 54% of Neighborhood homes no prior consultation occurred and in 47% of the cases there was either no routine consultation or the response could not be recorded in either category. In Neighborhood care, because the caretaker is unrelated to the parents of the child, it is intuitively reasonable to expect less parent participation, or help than in In-Home care. This is the case.

If evaluation by verification and monitoring of different aspects of the child's growth and day care environment is desirable, then, to be meaningful, it must be related to accepted standards and objectives. These standards should be clearly written and communicated to the people who must operate by them. Only then can accurate evaluation be undertaken. The type, reliability, validity, and frequency of data collection must all be considered in any system designed. Feedback from the evaluation system will make possible adjustments in the programs in order to attain the objectives.

Seventy percent of the In-Home and 50% of the Neighborhood caretakers said that they receive no supervision from a social services worker. Evaluation of the In-Home children consists of simple observation on a day-to-day basis by 32% of the caretakers. In the Neighborhood Homes, 35% observe, 13% don't know, 35% could not respond, and 7% feel they can't evaluate a child, or simply do not. The only records kept by In-Home providers were pay/attendance in three cases. The other seven reported that they have no records. Ten Neighborhood providers have no records at all, four maintain pay records, and seven keep attendance records only.

Caretakers were asked about problems that they had in giving the kind of child-care they wanted to provide. A variety of responses were recorded. These responses indicate much about the caretakers' awareness of problems and are illustrated on Table 11 on the following page.

TABLE 11 CARETAKER PROBLEMS IN GIVING CHILD CARE

In-Home		Neighborhood-Home	
No Problems	6	No Problem	10
No Response	2	No Response	4
Child's Health	1	Compensation	2
Caretaker's Health	1	Discipline	2
		Misc. - Eating, Wetting, don't know	3

Caretakers were next asked what child-care related training they would like to receive.

TABLE 12 TRAINING NEEDS

In-Home		Neighborhood-Home	
None	6	None	13
Something	1	No Response	4
Sickness	2	Child Psychology	1
Early Childhood	1	Writing and Misc.	3

Any training program developed for upgrading non-center based care must overcome the resistance of the caretakers. Their practical experience in raising children is useful but not sufficient for improving the day care experiences of children in these settings. Unless the caretakers accept a belief in improving services, a training program will be less effective than it can be.

At the conclusion of every home visit, the reviewers re-examined their notes, reflected on their observations, and numerically ranked all characteristics of the day care program. The strongest characteristic was given a rank of 11 with successively lower number assigned to the progressively weaker program elements. A mean of the individual rank numbers given for each characteristic has been computed to portray the best and weakest aspects of the In-Home and Neighborhood Home programs as seen by the reviewers. Fifteen social service workers were also asked to rank these elements of non-center based care at the beginning of the study. The means of their rankings are also presented in Figure 1 for comparative purposes.

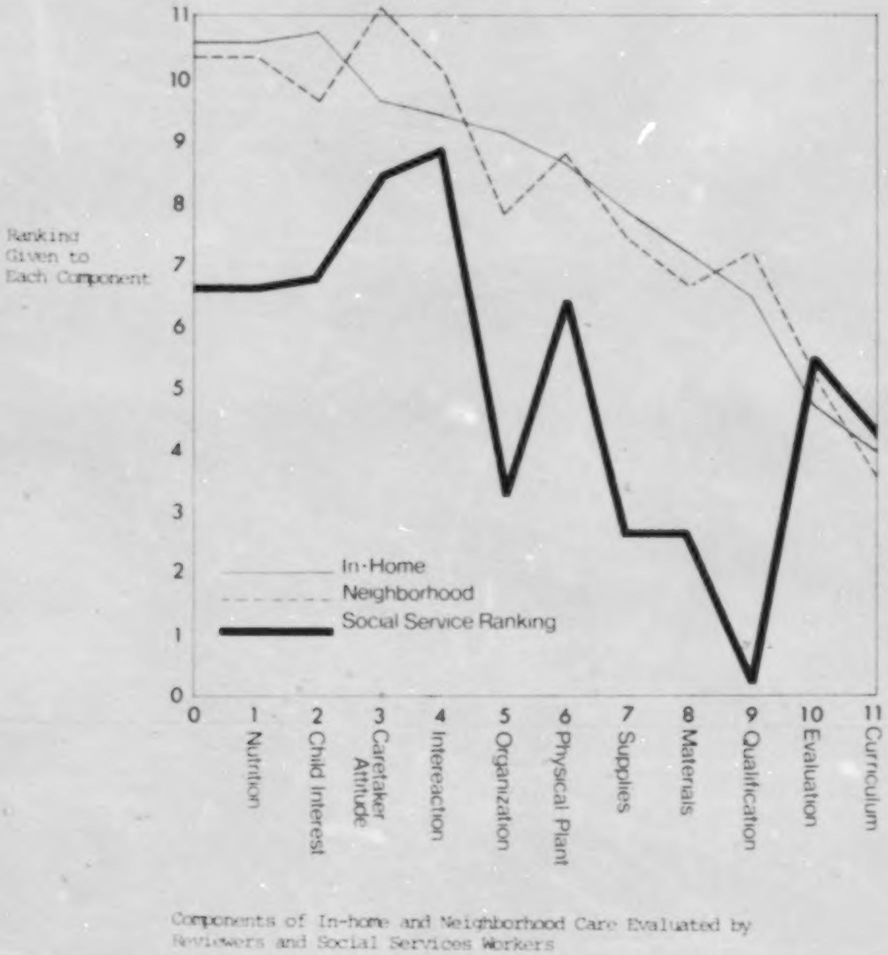


Figure 1. Evaluation of Non-centered Based Care

Caretakers were asked if they wished to care for additional children. Table 13 summarizes their responses.

TABLE 13 ADDITIONAL CHILDREN DESIRED

	Number of Caretakers	Additional Children	Total	Grand Total
In-Home	7*	0	0	
*5 children on	2	2	4	
waiting list	1	3	3	
	10	5	7	7
Neighborhood Home	8*	0	0	
*4 children on	3	1	3	
waiting list	5	2	10	
	3	3	9	
	1	4	4	
	1	5	5	
9	21	15	31	31
				38

The data suggest that this type of facility in the present day care system is operating significantly below potential capacity. Yet, demand for day care service is not being met as evidenced by the nine children who are on waiting lists in several areas. The caretakers who did not want more children have a waiting list of children who cannot be placed in an existing home in the immediate area. This paradox is explained by a combination of two factors: 1) Some caretakers, while approved for caring for up to six children cannot or will not accept more than the one or two children they presently have; and 2) Some parents do not want to place their children in a home where they do not personally know the caretaker. The consequence is a distortion of supply and demand for child care service and far more homes with low enrollments than is desirable. Another consequence is that the parents of the children on waiting lists may be prevented from receiving training, or securing a job, if they are receiving assistance. The dilemma is not easily resolved.

The Department of Welfare Agency standards specify a maximum of 6 children per home including the caretakers' own children. A profile of enrollment, Figure 2, is presented in the two graphs below.

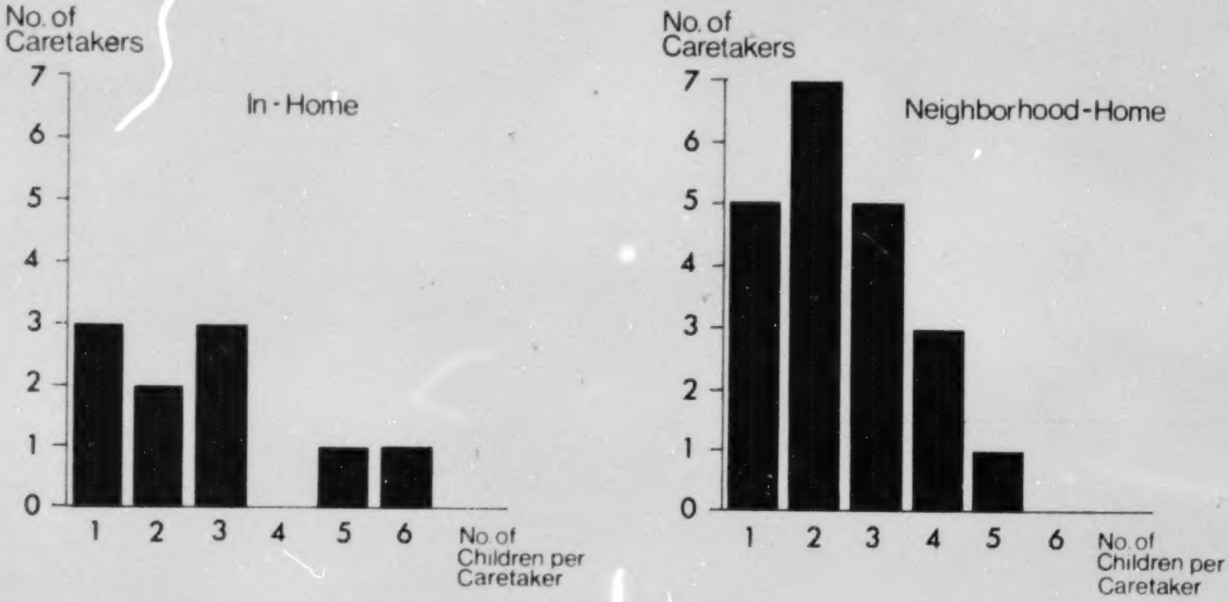


Figure 2. PROFILE OF ENROLLMENT

Three In-Home caretakers provide care for 1 child, two care for 2 children, three care for 3 children, one cares for 5 children, and one cares for 6 children. The total number of caretakers sampled was 31, and they were responsible for 80 children. The average number of children per In-Home facility was 2.7; the average per neighborhood facility was 2.5.

CONCLUSIONS

This section has attempted to focus on the people, the programs, the physical setting, and the evaluative procedures of the present non-center based day care system. Weaknesses were found and documented, but several strengths were also evident. These strengths can provide the basis for improved day care.

Almost 3200 children, the bulk of Welfare assisted children, are receiving custodial care from a large group of day care mothers spread throughout the state. This dispersion of facilities and services reflects the rural and economic demographics of West Virginia. Family Group Care is the most expedient vehicle for providing care within the welfare system, but the present services are inadequate for the several thousand children now served and the additional thousands which may become a part of an expanded system. The current philosophy and objectives of day care are presently implemented through the agency standards. These are inadequate and often inconsistent with the stated goal of promoting the health, safety, and welfare of children. In some cases the lack of standards is detrimental to the child. Parents and caretakers alike are not oriented to the long term developmental potentials of their children. As a result, many parents are not sufficiently involved either before or after their child is placed in a caretakers home. There has been little continuous guidance and supervision of caretakers from the local welfare office personnel, with a few exceptions. After a caretaker has been approved and children placed in the home, there is minimal follow-up except for the verification of continued eligibility. This situation is probably due to factors of workload rather than to a lack of desire to provide help. But without evaluation of the kind of care the child is receiving, the results of the survey are not too surprising.

Caretaker evaluation of the children has a distinctively short term focus. It is largely based on subjective day-by-day interpretations of child activities and needs. Caretakers do not indicate a need for explicitly stated objectives for themselves or for the children. The few caretakers that articulated their goals have not gone beyond the level of custodial care and their personal concepts of child progress and development. The limited range of methods used by caretakers, the narrow choice of experiences available to the children, the effectiveness of caretaker/child interactions, and the shortage of materials and equipment are evident. These facts dramatize the gap between what exists and what is possible.

The physical setting was closely examined from the child's standpoint for fire hazards, cleanliness, danger areas, and play space. There is a relationship between substandard physical environments and caretakers who are uninterested, lackadaisical, and content to give only custodial care. This situation is more typical of In-Home care, but frequently appears in Neighborhood care.

Although the non-center based situation appears very bleak, it must be remembered that 60% of the sample homes were found to range from adequate to very good and complement the purposes for which they are used. The physical setting can be improved in a number of ways and poses no special problems for an expanded system although some of the worst homes, in the interest of safety alone, should not be used. The sample results confirm that non-center based care has a substantial cadre of enthusiastic and loving day care mothers who are genuinely interested in these children. But love and good intentions are only the base from which better care can evolve. Only by eliciting participation in a basic early childhood training program, upgrading selected physical settings, adopting significantly higher standards and programs, and providing adequate financial incentives can the present level of day care be improved.

The state enjoys a unique situation and has a dual role: that of defining the quality of child care and that of paying for the service thus established. Not only does it administer the legal sanctions, but it possesses the financial leverage as well. So far, too little has been demanded from day care, even though a good system has the potential for being a major thrust in the development of human resources.

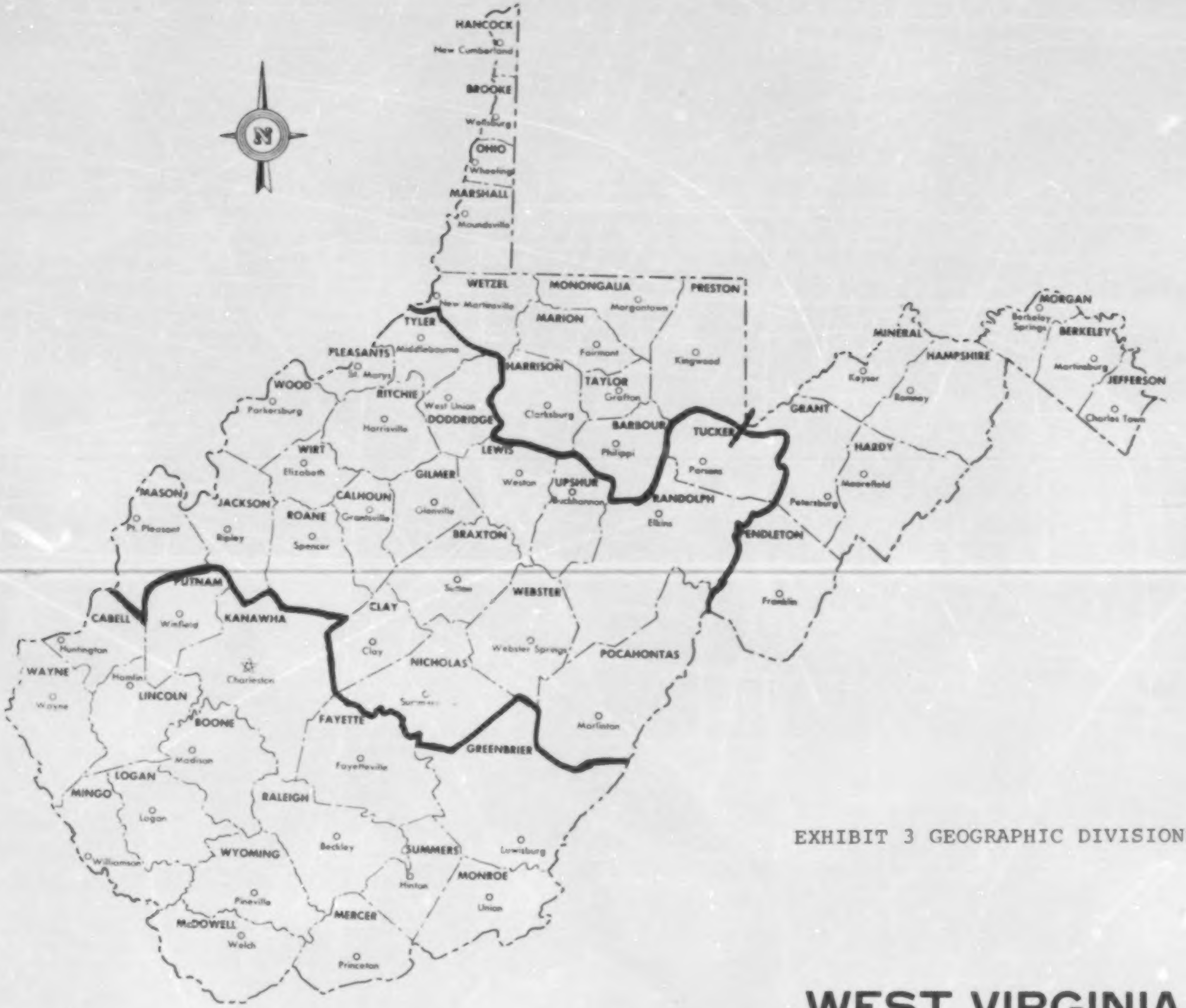

N
HANCOCK
New Cumberland
BROOKE
Wellsburg
OHIO
Wheeling
MARSHALL
Moundsville
WETZEL
New Martinsville
MONONGALIA
Morgantown
PRESTON
Kingwood
MARION
Fairmont
TYLER
Middlebourne
PLEASANTS
St. Marys
HARRISON
Clarksburg
TAYLOR
Grafton
WOOD
Parkersburg
RITCHIE
Harrisville
West Union
DODDRIDGE
BARBOUR
Philippi
TUCKER
Parsons
LEWIS
Weston
WIRT
Elizabeth
GILMER
Glenville
UPSHUR
Buckhannon
RANDOLPH
Elkins
MASON
Pt. Pleasant
JACKSON
Ripley
CALHOUN
Grantsville
ROANE
Spencer
BRAXTON
Sutton
PUTNAM
Winfield
CABELL
Huntington
KANAWHA
Charleston
CLAY
Clay
WEBSTER
Webster Springs
NICHOLAS
Summersville
POCAHONTAS
Marlinton
WAYNE
Wayne
Hamlin
LINCOLN
BOONE
Madison
FAYETTE
Fayetteville
GREENBRIER
Lewisburg
LOGAN
Logan
MINGO
Williamson
RALEIGH
Beckley
WYOMING
Pineville
SUMMERS
Hinton
MONROE
Union
MERCER
Princeton
McDOWELL
Welch
MINERAL
Keyser
HAMPSHIRE
Romney
MORGAN
Berkeley Springs
BERKELEY
Martinsburg
JEFFERSON
Charles Town
GRANT
Petersburg
HARDY
Moorefield
PENDLETON
Franklin

EXHIBIT 3 GEOGRAPHIC DIVISIONS

WEST VIRGINIA

3. CENTER BASED DAY CARE EVALUATION

PROCEDURE

Seventy-five (75) day care centers in the state were licensed by the Licensing Unit of the Department of Welfare at the inception of this study. It was mutually agreed between Family Learning Centers and the State Department of Welfare that a stratified random sample of fifteen of the 75 centers would be evaluated. The drawing of the sample of centers to be included in the study was conducted by representatives of the Division of Social Services of the Department of Welfare, including the Licensing Unit for Child Care Institutions and Day Care, the Family Day Care Unit, and the research staff of Family Learning Centers, Inc.

The state was divided into four geographical regions. These were the northern panhandle, the eastern panhandle, the central, and the southern regions. The existing day care centers in each of these regions were identified as either profit (proprietary) or non-profit (public, charitable) centers. Approximately two-thirds (2/3) of the centers were non-profit and one-third (1/3) were profit organizations. The sample of centers represented this proportion of centers in each region by type of support (profit or non-profit).

The sample followed the predetermined proportions shown below:

TABLE 14 GEOGRAPHIC DISTRIBUTION OF CENTERS IN RANDOM SAMPLE

	Total Centers	Profit	Non-Profit	Non-Profit Ment. Ret.
Eastern Panhandle	5	1	1	
Northern Panhandle	13	1	1	
Central Section	18*	1	2*	
Southern Section	39	2	4	2
TOTAL	75	5	8	2

*Ten of the 18 centers are operated by West Central Office of Economic Opportunity and are represented in the study.

Names of the 75 day care centers were placed in a pool according to the following criteria:

1. Location (geographic region),
2. Profit or non-profit,
3. Center for the mentally retarded, and
4. Center operated by West Central Office of Economic Opportunity.

All centers meeting the same criteria were grouped together and placed in a box. As each center name was drawn from the box, the name was recorded, and a code name assigned to insure anonymity.

As the figures above indicate, the centers selected represent the non-profit/profit centers proportional to their existence in the state as well as the proportionate density with which centers are found in the various regions of the state

(Task Force, 1972, p. 7).

The research staff of Family Learning Centers examined existing day care evaluation instruments. The project consultant and one research associate discussed the types of data desired from the day care study with members of the Social Services and Licensing Unit of the State Department of Welfare. The project consultant designed the I Day Care Center Review Manual (Appendix III).

The following represents information considered to be basic to the study and around which the Review Manual was designed:

1. Day care program objectives;
2. Daily activity schedules for each age level;
3. Formal qualifications of the teaching and management personnel in the centers;
4. Provisions, or special programs, being made for children with special education needs;
5. Staffing ratios;
6. Licensing standards;
7. Physical facilities;
8. Supplies and appropriate educational equipment;
9. Prevailing attendance trends;
10. Accessibility of centers; and
11. Parental and community involvement.

The Manual includes the following instruments:

1. Day Care Director Interview Schedule;
2. Staff Profile;

3. Materials and Equipment Checklist;
4. Daily Schedule Form;
5. Day Care Staff Interview Schedule;
6. Day Care Board Member Interview Schedule;
7. Day Care Center Involvement Check;
8. Program Observation Form;
9. Day Care Reviewers Summary Report; and
10. Checklist of Health, Fire, and Welfare Regulations.

A group of fifteen (15) area day care workers representing a random sample of the total group of day care workers in the State Department of Welfare met in Charleston on December 8, 1972. The purpose of the meeting was to acquaint those day care workers in whose area the evaluations would take place with the evaluation instruments and the procedures of the study.

The day care workers responded to a questionnaire prepared by the research staff of Family Learning Centers (See Appendix I). This instrument was designed to elicit field workers' views of typical profit and non-profit day care centers as well as non-center based care in their area. For example, the workers were asked to characterize day care services with respect to specific strength by ranking each of the following components of day care from weakest to the strongest:

1. Evaluation of program;
2. Program for children (curriculum);
3. Leadership of director;
4. Qualifications of staff;
5. Physical plant;

6. Learning materials (adequacy, variety, and use);
7. Attitude to staff;
8. Supplies (adequacy, variety, and use);
9. Adult-child interactions;
10. Parent involvement;
11. Interest of children;
12. Organization;
13. Nutrition;
14. Medical Services; and
15. Advisory Board (Board of Directors, etc.).

Review teams composed of two persons, each experienced in and knowledgeable about day care and early childhood education, were selected to evaluate each of the day care centers in the sample. The teams were oriented to the standard procedures for evaluating day care centers designed by the project consultant and trained in the use of The Day Care Center Review Manual I.

A letter of introduction to day care center directors from Commissioner Edwin Flowers preceded the review team (Exhibit 4). The letter assured the directors that the information obtained would in no way affect the licensing of their day care center. Directors of Centers selected in the sample were informed that their center was chosen randomly to be reviewed, but they did not know when. Visitation appointments were made only 1 or 2 days in advance of the actual review.

Each review team spent a minimum of one full day collecting data in each of the 15 centers. Activities in the centers included interviewing the director and each staff member; observing the educational program; observing nap, lunch, and play time; inventorying materials and supplies; and checking health, fire, and welfare standards. At the conclusion of each visit, directors were asked to respond to the Director's Report of the Review Teams (See Appendix IV). This enabled directors to make comments about the review teams' visit and also to rank each component of the center program from the director's perspective.

Fourteen of the 15 center directors responded to and returned the questionnaire to Family Learning Centers. All directors indicated that they were treated in a respectful manner and established the fact that the review teams saw a typical day in the operation of the center.

RESULTS

Objectives. It is easy, in any endeavor, to feel that objectives are well "in-mind" and that it is neither necessary nor possible to be more specific. Nonetheless, it is important to the success of any program, especially a venture like day care with at least a partial educational focus, to have objectives specified. Without objectives specified it is impossible to know what is to be taught, how to assess when it is taught, and what materials and procedures will work best.

In order to determine if staffs of the 15 day care centers sampled had objectives specified, each staff member was asked to state their objectives for children. The most frequently stated objectives were:

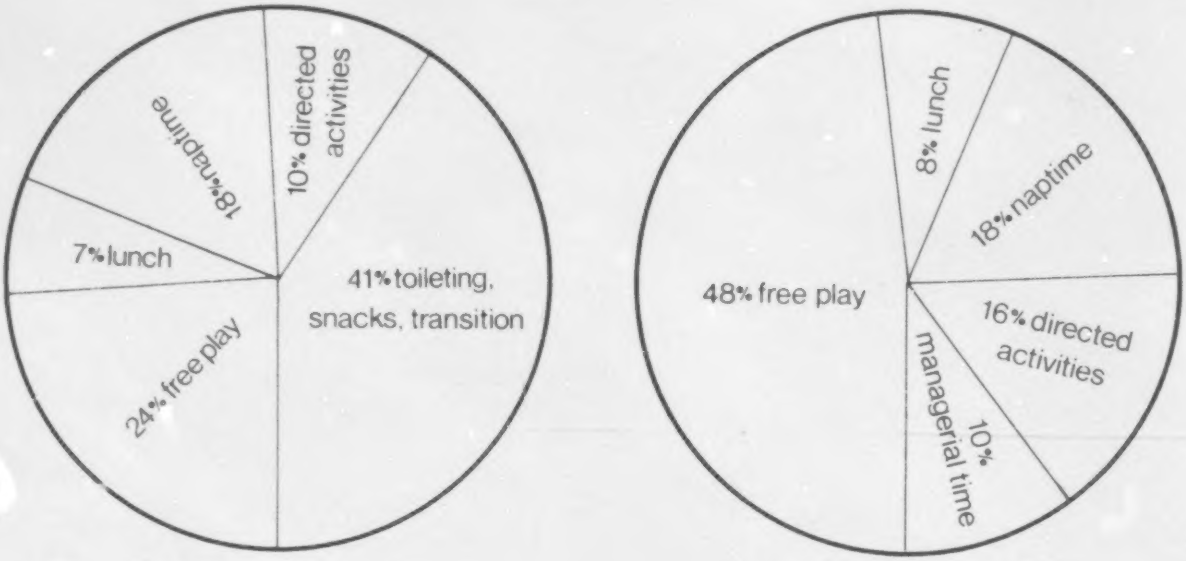
1. To help children get along with others (this was stated in several ways including sharing, manners, cooperation, discipline,and learning respect for others).
2. Readiness for first grade (this readiness included teaching children the alphabet, numbers, colors, and how to write their names).

The review teams stated that of 76 different 15 minute activity observations, 66 of them were consistent with the stated objectives (see Table 15). The statements about how children are helped to attain the objectives set for them varied from having children repeat their names, the alphabet, numbers, and addresses (67%) to naming specific books, puzzles, and finger plays used by the staff member. The review teams concur that these are the methods actually used in helping children attain objectives. There was little evidence of teachers using sequential lesson plans or following a planned curriculum. None of the directors had access to daily lesson plans or schedules and only one teacher out of 45 interviewed mentioned actually following a lesson plan.

Program for Children

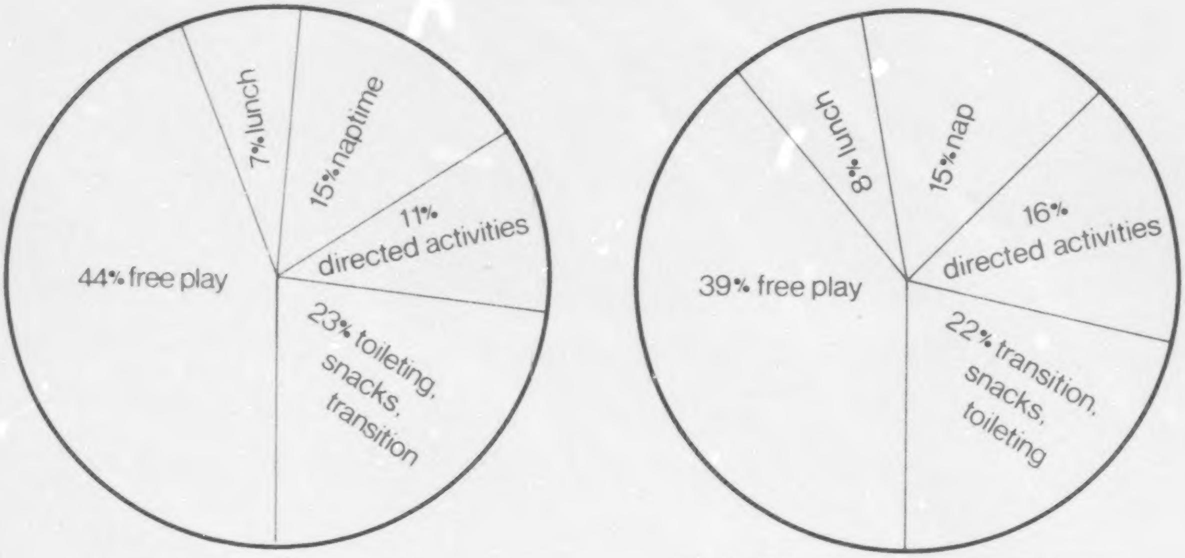
Schedules. Many professionals agree that young children should be given the freedom to choose from among possible independent and interdependent learning opportunities. The daily schedule should reflect a balance between adult-directed activities and child-selected activities and a balance between cognitive (intellectual) and affective (intrapersonal and interpersonal) learning opportunities.

In order to determine whether children have these opportunities and learning experiences, daily schedules were obtained from each staff member and charted. The daily activities described were grouped into the following categories: (a) free play, (b) lunch, (c) nap or rest time, (d) teacher-directed activities, and (e) managerial activities (snacks, toileting, and transition time between activities). The schedules for the different age groupings were compiled and the percentage of time spent in each activity computed. The data are displayed in Figure 3.



Typical day for 2 yr. olds
(based on 10 hr. day)

Typical day for 3-4 yr. olds
(based on 10 hr. day)



Typical day for 5 yr. olds
(base on typical day)

Typical day in centers where children are not grouped
(based on 10 hr. day)

FIGURE 3 TYPICAL DAILY SCHEDULES

It is apparent from the data that the largest portion of the day is spent in unstructured free play which tends to increase in amount of time with the ages of the children involved. These data are substantiated by observations collected during (1) the Involvement Check and (2) the Program Observations by the review teams. The second most frequent activity is managerial time, i.e., time spent in transition from one activity to another, snack time, getting ready for lunch, nap, and toileting. According to the schedules, an average of 1 1/4 hours is spent daily in teacher-directed activities. These activities, as described by staff and supported by on-site observations, include art work (coloring, painting), listening to stories, music (marching, singing, and dancing), and lessons on learning the alphabet, names, numbers, and colors.

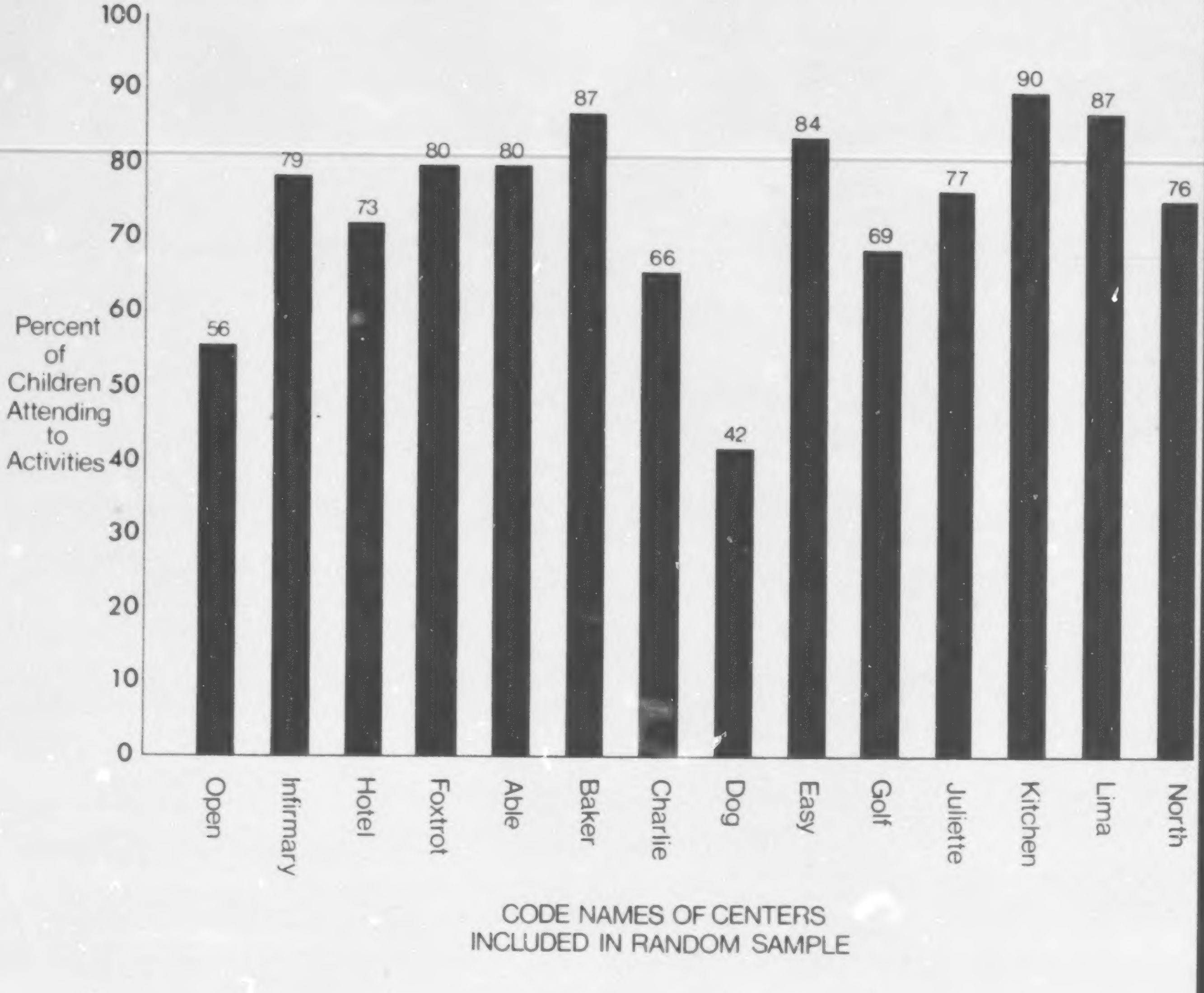
Involvement of Children. The Involvement Check is an observation instrument based on the general concept that a "good" day care center will generate a high level of involvement on the part of the children (See Appendix III, p. 22). The review team observed a group of children in each center for a period of approximately one hour. The inter-observer reliability of this instrument as used in this study was at least 90%. The observation times were deliberately chosen to represent the period of the day when children were most likely to show a high degree of involvement. At three minute intervals during the hour, both members of the team would scan the room from left to right counting the number of children attending. The possible number of children involved was counted and a percentage of those attending was entered on the time sheet.

A total of 24.6 hours was spent by the 2-member review team gathering involvement data in the centers (one center was not operating at the time of its review).[2] Thirty-one percent of the time was in unstructured free play; 17% involved art activities; another 17% was taken up with transitions from one activity to another; 15% involved story telling or reading to children; and 12% involved music. Of the remaining time, 4% was toileting, 3% snacks, and 1% exercises. See Figure 4 for display of percentage of children involved by center. From the graph it can be seen that of the 14 centers, only three show a relatively high (90%) percentage of children attending to the activities in which they were supposed to be involved.

Program Observations. The Program Observation (Appendix III, p. 25) was used during the entire time the review team was in the center, but teams were instructed to spend at least 45 minutes in direct observation. This 45 minute period was split into three 15 minute segments and the data from each segment summarized (See Table 16).

Approximately 100 fifteen minute observations were recorded from among the centers included in the study sample. Each member of the two-person review teams made independent observations in

[2] Even though the center was officially closed, the director and staff members were interviewed by the review team. The staff continues to operate out of the center going into each child's home to give instruction. No data were collected by actual observation of the teaching process.



Involvement Check

FIGURE 4

TABLE 16 PROGRAM OBSERVATIONS

Activity Categories (In order of Frequency)	Number of Observations	Percent of Total (Rounded)
Unstructured Free Play	20	19
Limited Free Play (Manipulative)	20	19
Music (Listening, Singing, Marching)	16	16
Directed Language and Number	11	11
Transitions (Change from one activity to another)	7	7
Organized Games (e.g., duck, duck, goose, Jack-in-Box)	6	6
Story Time	6	6
Art	5	5
Discussion (Whole Group)	5	5
Television Viewing	2	2
Naps	2	2
Snack and Lunch	2	2
Outdoor Play	1	1
Total Observations	103	101%

order to include a wide range of activities. The observations were made most often during the morning hours of the program and should be representative of the more focused activities in each center. A smaller sample of post-lunch activities was included.

Observations were made in one continuous forty-five minute period. Each fifteen minute period was considered a separate observation. If an activity lasted more than the fifteen minutes, the observer simply noted the fact and counted the second period as a new activity.

The two most frequently observed activities were free play (completely uninstructed and undirected with little or no adult intervention) and limited free-choice activities using manipulative materials such as puzzles, scissors and paper, or color crayons. These two activities represented 40% of the observations.

The third most frequently observed activity was related to music. This activity typically involved a large group directed by one or more adults. Groups were observed listening to records, singing, marching to records, or exercising in relation to recorded instructions (16 observations).

Eleven language and/or number activities directed by adults were observed. Several of these were based on the Peabody Language Development Kit. Seven (7) transition periods which lasted fifteen minutes or longer were observed and were generally poorly managed. Six (6) story reading (or telling) sessions occurred as did six (6) organized game activities.

The remaining activities included art (5), group discussions (5), television viewing sessions (2), nap periods (2), and outside play period (1).

Each reviewer responded to a series of questions related to the programs they observed immediately after their observations (See Table 15). Each question required a "yes", "no", or "not applicable" (NA) response. Each question was responded to three times, once for each fifteen-minute observation. The total number of responses varies, therefore, from item to item, but there are sufficient responses in each category to obtain a reliable picture of the role the adults fill in the sample of day care centers observed. The complete list of questions is found in Appendix III.

Materials, Equipment, and Supplies. Materials, equipment, and supplies situated in various rooms or areas should be matched according to the ages and stages of development of the children using them and should be in sufficient quantity so that children are able to make choices from among a variety of possibilities.

The materials, equipment, and supplies in each center were inventoried and categorized into the following groups: (a) capital equipment; (b) language development; (c) learning-to-learn; (d) fine and gross motor materials and equipment; (e) social-emotional and developmental materials; and (f) expendable materials and art media. (See Appendix III, p. 12)

(a) Capital Equipment

This includes tables, chairs, cots, storage lockers, chil-

TABLE 15 RESPONSES TO PROGRAM OBSERVATIONS

Specific Questions for Activities Observed	Not Applicable	Positive (Yes)	Negative (No)	% Positive
4. Was there evidence of planning and purpose in the activity?	1	62	20	76%
5. Were the adults enthusiastic?	0	40	40	50%
6. Did each child get to participate?	11	58	11	84%
7. Did adults help children who were having difficulty?	2	61	17	78%
8. Were small groups observed?	30	24	26	48%
9. Were the adults responsive to the children?	4	48	28	63%
10. Did adults help children learn how to use and care for books, toys, games, blocks or any learning or play materials?	17	34	29	54%
11. Did adults interact with children on the playground?	65	7	8	47%
12. Did adults eat with children?	32	18	5	55%
13. Is one adult assigned to one group of children?	11	38	31	55%
14. Were transitions observed smooth?	13	43	24	64%
15. Was the staff alert to children?	1	55	24	70%
16. Were the adults good models for language development?	5	51	24	68%
17. Were activities consistent with objectives?	8	66	2	91%
18. Did children choose activities?	10	32	39	45%
19. Did you observe overt physical affection?	3	36	40	47%
20. Were children eager to initiate activities?	7	58	14	81%

dren's lockers and all audio/visual equipment. The inventories revealed that the major capital equipment items lacking in the centers were audio/visual apparatus and appropriate lockers for children. Only 50% of the centers have a record player (21% have two; 15% have three; and 14% have four record players). Sixty-seven percent have only one television set to serve the entire center; 33% have none. Twenty-seven percent have one film strip projector and one center has a tape recorder. No other audio/visual equipment items were found in the centers.

(b) Language Development

This category includes language development kits, pre-reading materials, books, workbooks, puppets, records, tests, charts, and lists. Twenty-seven percent of the centers have a Peabody Language Development Kit (P-level), but other than these kits, there is little evidence of materials in this category. Inventories, tests, or charts for determining or recording progress in this area were not found in any of the centers.

(c) Learning-to-Learn Materials

The learning-to-learn category include number materials (counters, blocks, beads, sticks, charts, flannel boards, etc.) and science materials. The majority of the centers have a variety of number materials which appeared adequate to serve the number of children. Two centers have an adequate supply of science materials ranging from equal arm balances to live animals in the classroom. The remaining centers place little emphasis on science as evidenced by the lack of science supplies.

(d) Fine and Gross Motor Materials and Equipment

For fine and gross motor development, 53% of the centers have adequate amounts of large blocks, puzzles, scissors, and riding toys. Thirteen percent of the centers use playgrounds other than their own, i.e., neighboring school yards, or housing project grounds. Of those who have their own playgrounds, 33% have swing sets as the only outdoor equipment for children, while the remaining centers have one or more of the following items: jungle gyms, climbers, balance beams, sandboxes, teeter-totters, football dummies, and swimming pools. There was no evidence of inventories, tests, charts, or check lists to record changes or achievement in the fine or gross motor skill areas.

(e) Social-Emotional Development Materials

Most centers (75%) have dress-up clothes and kitchen-type equipment (play sinks, dishes, stoves, etc.) for social-emotional development. In one instance, the dress-up clothes are kept in a nice, new locker with the latch so high an adult has to reach up to unlock it. In none of the centers were children seen dressing up in the clothes or being assisted in the housekeeping corner. This situation serves to illustrate the lack of effective use of materials for the development of socializing skills which was an objective stated by most staff members of the centers.

(f) Expendable Materials and Art Media

This category includes paper supplies and art materials. Eighty-six percent of the centers had adequate paper supplies. Art supplies were the most plentiful materials found in all of the 15 centers.

The review teams' description of the equipment and supplies in the centers was most frequently alluded to as scarce, poor, and ancient with only 13% of the centers described as having adequate, rich, and modern supplies.

Learning materials were described by the review teams as inadequate, few, of narrow range, and generally in poor condition in 53% of the centers. Five centers were rated as having an adequate amount of learning materials in good condition. Included in this category were language development materials, social-emotional materials, learning-to-learn materials, and art media.

(g) Materials and Equipment Needed

The director of each center and all staff interviewed were asked to name, in order of priority, the materials, equipment, or supplies they would like to have that are currently not available to them. Sixty percent of the staff members listed playground equipment, blocks and puzzles; 22% listed record players, TV's, tape recorders and projectors. The remaining staff interviewed felt that their centers were well equipped, although one comment was made concerning the need for a bus to take trips. No reference was made to educational equipment such as language development kits, number kits, science kits, or materials listed under the categories included in the study by any staff member.

In order of priority, the materials and equipment most frequently mentioned by the 15 directors were: television sets, projectors (slide-film), and playground equipment. The second most frequently mentioned items were games, puzzles, and preschool books. Also listed were: Peabody Language Development Kit (1); children's locker space (1); sandbox (1); housekeeping equipment (specifically dolls) (2); mimeograph machines (2); and punching bag (1).

Attitude and Knowledge of Staff and Interaction with Children

The staffing of day care centers with qualified, warm, responsive, individuals who enjoy children helps to insure that services to children will be of high quality. In this study, one major concern was with the type and quality of adult/child interactions. Positive interaction helps children develop healthy self-concepts during the formative preschool years. Staff attitude and knowledge is indicated by the type of interaction engaged in with children and the types of activities planned and provided for them.

(a) Attitude

One indication of staff attitude is the response to questions about the best and worst parts of their jobs. Sixty-two percent responded that the best part was "working with children". Variations of this statement included; supervising children; watching children play; and watching children develop. Sixteen percent mentioned specific activities that they liked best such as singing, drawing, painting, poetry, arts and crafts, and story time. Four percent liked the love and affection (hugs and kisses) that children show toward them, and 16% liked everything about day care work. Two percent responded that "since

I must work, it's better than being a waitress, the kids are nice to work with".

The worst part of the job for almost all staff members consisted of disciplining children, dealing with parent conflicts and late parents, early and long working hours, low salary, and being worn out. Thirty-one percent indicated that there was nothing they disliked.

Another assessment of attitude was the ranking given by reviewers after having been in the center for approximately one full day. Each reviewer was asked to describe attitude of staff members using a common list of adjectives. Often reviewers used more than one word in their description of staff attitude. For example, some reviewers used the following words: warm, thoughtful, lackadaisical, and somewhat distant.

Attitude was also ranked on a scale of 1 (weakest) through 14 (strongest) by reviewers along with 14 other aspects of a day care Center. (See figure 6) Attitude was ranked as eighth by reviewers, seventh by center directors, and ninth by area social services workers. The rankings of attitude by the three groups indicate that all regard staff attitude as neither high nor low but somewhat blasé and lackadaisical.

Receptiveness to supplementary training provides additional information concerning staff attitudes and knowledge. Each of the 50 staff members interviewed was asked to state, in order of priority, needs for additional training. Table 17 is the list of needs as stated by staff members in order of priority. Table 18 depicts the directors' view of the training they felt that

TABLE 17. STAFF TRAINING NEEDS - IN ORDER OF STATED PRIORITY

1st Choice	2nd Choice	3rd Choice
1. Workshop - Training	1. Art	1. Lesson Planning
2. Workshops - ideas & new projects	2. Child Development	
3. Additional Grade School Work	3. Workshops	
4. Child Psychology	4. Art	4. Music
5. Special - Education		
6. Now working toward Masters in Early Childhood Education		

Above responses were made by lead teachers regarding further education or training they felt they needed.

7. Workshops on methods and exchange of ideas	7. Behavior guidelines for different age groups	
8. Good basic background	8. New ideas	
9. BA in Child Psychology	9. Workshops	
10. New Trends		
11. Discipline Help	11. Ideas for 2 year olds	11. Reassurance in methods presently using
12. Now to put across concepts	12. New Ideas	
13. Child Development		
14. Audio-Visual		

TABLE 17. STAFF TRAINING NEEDS - IN ORDER OF STATED PRIORITY

1st Choice	2nd Choice	3rd Choice
15. Classroom Activities	15. Arts and Crafts	
16. Special Education		
17. Masters in Early Childhood Education		
18. Workshops - New Ideas		
19. Course on working with parents who are retarded		
20. Early Childhood Education		
21. Help in teaching Children to paint		
22. Workshop for 2 year olds		

Above responses were made by teachers regarding further education they felt they needed.

1st Choice	2nd Choice	3rd Choice
23. Learn more Games-Activities		
24. College Education "but I'll never get it"		
25. Early Childhood Education		
26. Understand Children Better		
27. Discipline		
28. Early Childhood Education		
29. Ideas for working with children		

TABLE 17. STAFF TRAINING NEEDS - IN ORDER OF STATED PRIORITY

1st Choice	2nd Choice	3rd Choice
30. Special Education		
31. Masters in Early Childhood Education		
32. Child Psychology		
33. Training to understand children more		
34. All aspects of day care	34. Story Hour-How to get Story Across	
35. Education of Children		
36. Any Kind of Training		
37. Early Childhood Education		
38. Teaching Different Skills		

Above responses were made by teachers' aides regarding further education they felt they needed.

their staffs need.

TABLE 18 DIRECTOR'S LIST OF TRAINING NEEDED BY STAFF

1st Choice		2nd Choice	
1.	Workshops	1.	Experience
2.	How to Plan Schedules	2.	Making Children Mind
3.	Child Development		
4.	None		
5.	None		
6.	None		
7.	Child Development Courses		
8.	Educational Activities in Science	8.	Music
9.	Behavior Management	9.	Arts and crafts
10.	Training in the proper use and care of equipment		
11.	Child Psychology	11.	Child Development
12.	Early Childhood Education		
13.	Early Childhood Education		
14.	Early Childhood Education		
15.	Training to work with exceptional children		

An effective day care staff must be knowledgeable about child psychology; child development theory; behavior management techniques; curriculum for preschoolers; and appropriate teaching methods and materials. In an attempt to make valid statements about the knowledge of staff members in the 15 centers sampled, knowledge must first be defined. In this study knowledge implies that staff members are aware of needs pertaining to additional training; that they know and use various educational resources; that they know and use a variety of approaches in conducting activities with young children; that they use non-punitive disciplinary techniques and positive reinforcement; and know what tasks are appropriate for different age levels. Knowledge also implies that staff members have a systematic method of evaluating children's progress.

Another indication of knowledge is reflected in the daily lesson plans and activities engaged in with children. A review of the data found in Figure 3 shows that the activity observed most frequently in the day care centers visited was unstructured free play. These data are also substantiated by additional observations from the Program Observation Form (Table 16) which shows that 40% of all activities observed during 100 different observations was free play. These observations were most often made during the morning during more focused activities.

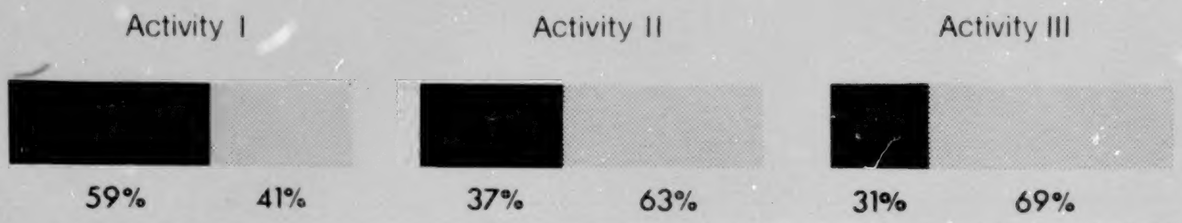
The awareness of the need for additional training shown in Table 17 shows that the majority of staff members feel a need for additional training. The percent of those who thought they needed training in curriculum planning and evaluation is very small (2%) compared to those who listed courses in child development. Although it is desirable to understand child development, it is equally important to know how to plan and execute activities and evaluate children on the basis of the activities planned.

Few examples of positive reinforcement were observed. The acceptable procedure in dealing with discipline was to talk to the child, then have the child sit in a "bad chair", or isolate him for a time. Many staff members said they spanked children if other techniques used did not result in changed behavior.

(c) Adult/Child Interaction

One method employed to evaluate adult/child interaction consisted of having each of the reviewers in the center make three independent 15 minute observations during a time when a focused activity was in progress. Each reviewer tallied each positive and each negative comment heard. These figures were then converted to percentages showing the proportions of positive to negative comments observed during the specified time periods. A total of approximately 100 different observations were recorded. Each negative comment was written by the observer. A review of these anecdotal notes revealed that most of the negative statements were of a corrective ("stop, don't do that!") and belittling nature ("well, Johnny messed his pants again--he's such a baby").

The data displayed in Figure 5 shows an average percentage of positive and negative comments for each of the 3 different activity observations (100 observation periods).



The shaded areas indicate the percentage of negative comments.

FIGURE 5 PERCENT OF POSITIVE TO NEGATIVE COMMENTS

After each observation period, each reviewer was asked to reflect on the activities observed and respond either "yes" or "no" to a series of questions. Specific questions addressing interaction are shown in Table 19.

TABLE 19 ADULT/CHILD INTERACTION

Question	Not Applicable	Positive	Negative	%Positive
5. Were the adults enthusiastic?	0	40	40	50%
6. Did each child get to participate?	11	58	11	84%
7. Did adults help children who were having difficulty?	2	61	17	78%
9. Were the adults responsive to the children?	4	48	28	63%
11. Did adults interact with children on the playground?	65	7	8	47%
12. Did adults eat with children?	32	18	5	55%
15. Was the staff alert to children?	1	55	24	70%
19. Did you observe overt physical affection?	3	36	40	47%

Reviewers were asked, after leaving the center, to think back over the total day and rank centers on 14 different characteristics. Adult/child interaction was one factor rated. An average index for interaction in the 14 centers as ranked by the review teams (see Figure 6) was seventh on a scale of 1 through 24. Directors ranked interaction as eighth and social service workers sixth.

Administration of Day Care Centers

Leadership by Board of Directors. Establishment of good day care programs can usually be associated with effective leadership. This leadership does not necessarily emanate from directors nor Boards of Directors, but can be influenced by teachers, the public (parents), and licensing agencies. This section reports the results of examining the effectiveness of the administration of day care centers and includes data about (a) leadership (Director and Board of Directors), (b) qualification (staff and director), (c) organization, (d) role of parents, and (e) supervision.

Non-profit day care centers are required by the licensing agency to establish "a responsible board of directors". The responsibility of this board includes:

1. Setting up legal base;
2. Defining the purpose and scope of service;
3. Establishing and maintaining sound financial basis;
4. Appointing director and delegating responsibility for administering the agency;

5. Formulating policies;
6. Accounting for expenditures of funds; and
7. Interpreting agency's services to community.

Privately owned centers are the full responsibility of the owner and/or operator. Of the 15 day care centers, five are privately owned and ten are non-profit centers. Each of the ten non-profit centers visited had a board of directors although one center director commented that it was just a paper function to satisfy licensing requirements (they have no meetings).

Six board of director chairmen were interviewed by the review teams using the Day Care Board Member Interview Form (Appendix III, p. 20). The number of members on each board ranged from five to forty-two, a total of seventy-six members were on these six boards. Of the seventy-six members, 34% are parents who have children actually enrolled in the center. Seventy-seven per cent of these parents have children in one center. (This center is an OEO funded center and requires that parents also be board members.) Eighty-five percent of the boards hold meetings monthly while the remaining 17% hold meetings quarterly. One hundred percent of the boards hire the directors. Eighty-three percent also hire all staff.

Sets of policies and procedures from 2 chairmen with lists of board duties were obtained. Such statements were either non-existent or unavailable from the remaining chairpersons. Since it is a requirement by the licensing agency that Boards of Directors define the purpose of their agency, each board chairman interviewed was asked to state the purpose of their day care centers.

The purpose as articulated by the board chairman consisted of the following statements:

1. To expand the church--the giving to the community of the Church resources;
2. All purpose--serve broken homes, working parents, Welfare, and special problems;
3. Physical care and protection--social and emotional interaction;
4. To provide quality day care for low income--serve working mothers; and
5. To provide early tools for basic education.

Personal assessment by chairmen of how well their centers were meeting the objectives for which it was designed was either "outstanding", or "well". The major factors encountered in keeping centers from having an outstanding program, according to chairmen, were financial problems, developing programs, staffing and staff training, and recruiting clients.

Leadership of Director. The director of a day care center sets the pace for staff members. If the director exhibits a laissez-faire organizational attitude and gives little direction or support to staff members, morale declines and even a good day care staff can become lackadaisical or uninvolved. It is the director's responsibility to see that policies set for the center are implemented, for example, insuring that regular staff meetings are held, that regular conferences are held with parents, and that there is continuous staff training and in-service workshops. An enthusiastic, facilitative director can accomplish these tasks with few staff complaints. Directors are also responsible for keeping their center operating within the licensing standards of the licensing agency. Reference should be made at this point to the section of the report entitled, Attitude of Staff. It was pointed out in this section that staff attitude was neither extremely high nor extremely low as evidenced by the comments concerning their job. With more effective leadership by directors, perhaps staff attitude and morale would have rated higher.

Regular staff meetings are extremely beneficial in that personnel feel that they are a part of the decision-making process which determines their responsibilities. Staff meetings occur less frequently than is desirable in the centers sampled. When staff members were interviewed about the frequency of total staff meetings, a small percentage (7%) meet daily from 2:30 to 3:30, 21% meet weekly (during naptime), and 21% meet monthly. Another 7% meet bi-yearly and 43% replied that they do not meet. Topics for these meetings include: discussing staff needs, equipment needs, problems with children, budget, and enrollment.

Even if the total staff doesn't meet together, then it is important that those teachers who teach together meet with some regularity to share ideas and make lesson plans for forthcoming days and weeks. But thirty-six percent of the staff planning time is routinely and independently done at home. Eleven percent of the staff plan during naptime, and the remainder either do not plan, plan during lunch, plan while another teacher is teaching, or plan each spring for the entire year.

Staff qualifications initially are not the direct responsibility of the directors in the non-profit centers because 83% of the boards hire for these centers. In the private centers, it _is_ a concern of the director/owner. Table 20 provides a profile of staff members educational background, supplementary training, age, and length of employment.

TABLE 20 STAFF PROFILE

Title	N	Average Age	Education % of total				Supplementary Training % of total	Average years of Employment
			B.S.	Some Coll.	H.S. DIP.	Some H.S.		
Directors	15	37	27	27	47	0	27	3
Teachers	27	33	19	33	33	15	30	2
Teacher Aides	18	33	5	17	61	17	12	3/4

Parent involvement in the day care centers, whether in the form of regular parents conferences, parent meetings, having parents help out in the center, or having public awareness programs, is valuable feedback for day care operators. This adds another dimension to the director's leadership duties. Of the centers, 25% have an organized parent group, 75% do not, 40% have parents volunteering time to work in the centers, 60% do not.

The most frequently stated kind of contact with parents by staff members occurs briefly when parents leave children in the morning or pick them up in the evening. This interaction involves parents telling staff member that the child is not feeling well, instructions to keep the child inside, or to give medicine at specified times.

Organization and Staff Differentiation. Notes by review teams concerning staff differentiation indicate that, in most instances, there were sufficient staff members but the way in which they operated drastically reduced their effectiveness. For instance, especially in non-grouped centers (8) (children not separated into smaller groups) most staff members were responsible for everyone and yet responsible for no one in particular. This enigma may be explained by examining a typical day in a center. (Remember, not all centers operate this way.) All children, all ages, are grouped together for all activities. Therefore, staff members spent their time policing groups rather than spending time with small groups in meaningful activities. It seemed, at times, that the entire day was spent in "moving" the large group from one room to the next for various activities such as snacks, lunch, and naptime. The remainder of the day was spent shifting to various rooms to see that the older children were not hurting the younger ones. This situation can be corrected by differentiating staff duties and planning programs for each age group. In the eight non-grouped centers this would not have been impractical since there were adequate staff members and space in each.

Evaluation

In order to assess the effectiveness of any program and continually upgrade or modify such programs, periodic evaluation is essential. Ideally, evaluation of day care centers should include a systematic evaluation of the following components of the center:

1. Children, (e.g., diagnosis, prescription, early identification of physical or psychological problems);
2. Staff;
3. Program;
4. Objectives;
5. Role of parents;
6. Role of staff; and
7. Facilities.

There was little evidence of evaluation programs for any of these aspects of a day care center in the centers sampled. No center was concerned with all of these components. Twenty-six percent of the centers do evaluate child progress through periodic progress reports. These reports are based on unsystematic observation. There was no diagnosis, prescription, or other standardized evaluation. Staff roles were ill-defined (only one center could provide job descriptions) and facilities were evaluated only by licensing officials. Evaluation by area social service workers consisted of dropping in and talking with the director (usually about late checks, or other associated problems).

Nutrition

Since approximately 10 hours are spent by young children in a day care center setting, it is vitally important that nutrition and health care policies be rigidly enforced. "The West Virginia Nutrition Survey . . . has shown that nutritional problems do exist in preschool children of West Virginia. Of the population included in the survey, 12.8 percent were under the age of 6 years" (Moore, 1971, p. 43).

Daily menus were collected when available from center directors. When menus were unavailable, reviewers made notes of lunches served in the centers with respect to variety, serving portions, and palatability of foods served. In the majority of centers, the lunches served were in accord with the menus posted and food was generally rated as good. All reviewers stated that children ate the foods served with gusto and in no instance did a child have to be encouraged to eat. Comments of interest made by staff members (including 2 cook-housekeepers) pertaining to food and the policies followed when children would not eat or only eat part of their food included: encouraging child to eat (48%); have child taste some of all foods served before getting dessert (18%); clean plate before getting dessert or other treats (15%); clean plate for star on star chart (6%); give small helping (6%). More punitive measures included force feeding the child "they need to eat", or sending them to bed (10%). Twenty-nine percent of the centers do not make a policy of sitting or eating with children during lunch time.

Health and Food Standards

The evaluation of day care center Health and Food Standards encompassed the following areas:

- I. Description of Kitchen
  - a. Housekeeping
  - b. Diswashing equipment
  - c. Layout
- II. Food Protection
  - a. Covered
  - b. Spoilage
  - c. Storage off of floor
  - d. Vermin control
- III. Garbage Disposal Method
- IV. Food Equipment
  - a. Clean
  - b. Out of reach of children
  - c. Appears safe
- V. Water and Sewage System
- VI. Toilet Facilities
  - a. Water carriers
  - b. Hand washing
    - 1. Basins
    - 2. Soap
    - 3. Towels
- VII. Personnel
  - a. General cleanliness
  - b. Health Card

In all 15 centers reviewed, food preparation, sanitation, and kitchen facilities were adequate. An attempt to describe the average kitchen surveyed would be futile. Each kitchen had its own distinctive characteristics. The most serious operational shortcomings were (1) the need for dishwashers in some of the larger centers using paper plates, (2) some of the kitchens were smaller than they should be for efficient service, and (3) in several smaller centers it was necessary to have childrens' activities in the kitchen area due to lack of space.

All of the facilities observed had good food protection. All food was stored off of the floor to minimize intrusions by moisture, insects, or vermin. The food and supplies that were inspected were found to be well covered and sealed. In no instance was any food spoilage discovered.

Garbage disposal techniques were consistently effective, odor free, and isolated from the children. The most common method used was covered plastic, or metal containers lined with plastic bags. A minority of the centers had trash compactors or electric garbage disposals. One other important concern was whether the food equipment was clean, safe, and kept out of reach of the children; all of the centers met these standards.

All of the centers had both hot and cold running water and were on public sewage with the exception of one which had its own septic tank. Section III, B-7, 8 of the State Licensing Standards require "one basin and one water waste carriage toilet for every ten children." Thirteen of the 15 centers were in compliance in regard to the water waste carriage toilet ratio. One center was in violation of both the hand basin ratio and waste carriage ratio. This center, licensed for 50 children, had only three basins and three carriers while another one had three basins for 45 children. All centers had soap and towel supplies with two centers using cloth linen service while the rest were using paper toweling.

The same section of the licensing standards requires all buildings to "be screened against flies and free from insects and rodents." No center was reported to have any problem of this type and several had quarterly pest control procedures from private exterminators. The evaluation teams did not observe any insects or vermin during their visits. No conclusion can be given with regard to screening since many of the buildings were equipped with storm windows for the winter months.

Day care staff members were judged to be neat and clean. Those involved in food preparation had the required food handlers permits. The review staff ate 15 total meals in centers. With one exception all centers served hot, well balanced lunches of adequate proportions for the children.

Current weekly menus were not available to parents at 13 centers. This practice enables parents to plan meals at home consistent with the center lunches. Few centers were taking regular advantage of the services and counseling available from the Bureau of Nutrition.

The overall cleanliness and housekeeping of the centers was found to be above average. Walls, floors, table tops, windows, toys, equipment, and restrooms were inspected.

Complaints by three directors regarding health and food regulations were centered around the lack of clarity of the form used by the Health Department and the apparently inconsistent enforcement of some areas covered by the county health inspectors. These directors said that they would appreciate a set of health and food regulations that were clear and much more specific.

Food service and sanitation inspections are the responsibility of the County Boards of Health. A new day care center operator must contact this board who then sends a county sanitarian to the center to complete the Inspection Report Food Service Establishment, Form SF-1. The Department of Health also uses the National Sanitation Foundation list of tested and certified food service equipment in its inspection program. All food equipment in a center must coincide with this list, or be of equivalent standard.

The report format incorporates a demerit system for infractions that are regulated in the State Food Service Sanitation Regulations. There are 118 items listed on the report. Depending on the degree of potential health risk, each item is assigned a demerit value which may be 1, 2, 4, or 6: the greater the risk, the higher the number. Violations that are corrected during the inspection are noted, but the demerits are not included in the report total. Some counties use an additional form SG-93 which covers housekeeping procedures. The completed report(s) with a narrative statement is then forwarded for review to the office of General Environment and Food Control by the County Board of Health. A copy of the report (SF-1) is given to the center director immediately after the inspection is finished.

At the office of General Environment and Food Control the infractions and demerits are analyzed and a recommendation to withhold the center's license is normally given for (1) a total demerit score of 15 or higher composed of 1 and 2 demerit infractions or (2) one 4 or 6 demerit infraction. Otherwise the center is approved and recommended for a regular license. The office of General Environment and Food Control forwards its recommendations to the Department of Welfare Licensing Unit and the County Board of Health. One, or both, of these agencies will then send the appropriate notification to the center. When a center is approved, an operating permit is issued by the County Board of Health.

All persons in the center who prepare or serve food are required to have a Food Handlers permit which is also issued at the county level. There are no uniform requirements for obtaining this permit. Some counties may have one, or more, of the following requirements:

1. Some form of physical examination;
2. Blood tests or X-rays;
3. Attendance at a 2 hour county training program; or
4. None.

The Bureau of Nutrition enters the licensing process when they are notified by the Child Welfare Office that a new center is seeking a license. A Nutrition staff member will visit the center and consult with the director on the nutritional requirements of the rather vague licensing standards. Major topics discussed are nutrition, portions, planning menus, buying procedures, and the Department of Education special food program. This agency may recommend to the licensing Board rejection, provisional, or regular approval of the license application as the proposed nutritional program dictates. While not a requirement presently, the Bureau recommends that records of food purchases be maintained and past menus retained for a minimum of two months to help them verify the nutritional values of snacks and lunches. They also advise that menus should be planned a week in advance. Although constrained by a limited number of staff members, this agency trys to visit each center once a year and whenever advised that the center's license is coming up for renewal.

Health Care

Three questions were posed to day care center staff members concerning health care procedures. Directors were asked for the written procedure followed when obtaining medical, dental, nutritional or psychological services for children who need these. Forty-three percent responded that they have no procedure; 14% made reference to a community action program; 29% refer parents to the area Department of Welfare and the Regional Health Council or to social service workers and other (unnamed) sources; 7% had a local doctor available (director's husband); 7% said they use the health department, but "they're no help"; 79% keep health certification forms on each child in the center.

The third question which was asked all staff members attempted to ascertain if there is a uniform policy or procedure followed by all staff if a child becomes ill during the day or if a child is injured, either mildly, e.g., cut knee, finger, scratch, or if the child receives a major injury, e.g., head, eye, or broken bone. In reply to sickness, 77% isolate the child and call parents. Other responses included (7%) administer aspirin; (7%) have child checked by pediatrician, R.N. or Doctor. Others responded that they drive the child home, take him to the hospital, or administer first aid.

For serious injuries all responded that they administer first aid (depending on severity of injury), take child to the hospital, and call the parent.

Reviewers ranked all characteristics of a center on a scale of 1 (weakest) through 14 (strongest). (See Figure 6) Tabulations show nutrition as being ranked eleventh and health care (medical services) as sixth on the same scale. Social Services Workers rated nutrition as eighth and health care as fourth.

Physical Setting

Although centers were clean, a majority (60%) were described as dark, dreary, ugly, and, in some cases, run down. A few of the reasons for this depressing atmosphere were (1) the absence of rugs and curtains, (2) plaster peeling from the walls and ceiling, (3) plain, drab colored walls, and (4) inadequate lighting. The importance of color and light has been empirically demonstrated in many early childhood studies. Brightly colored walls provide needed visual stimulation for young children who, in many cases come from poorly lit homes. The proper selection and use of color improves interior lighting, minimizes eye strain, and can define play and activity areas in a more meaningful way for the young child. A bright, cheery environment also affects, in a positive manner, the performance and morale of the center staff and increases parent confidence in the center. Adding to the lack of color and variety of each center was the obvious lack of display of children's work. Only in a few centers were staff members aware of the effect of displaying children's work to help develop pride, a positive self-concept, and high interest among children.

It would have been very difficult and time consuming to accurately measure the rooms in the 15 centers and relate to the 35 square feet per child standard. In three centers, however, evaluation teams did observe crowded room conditions considering the furnishings, equipment, and number of children.

Even when taking into account the inclement weather during the study period, many of the playgrounds were judged to be in poor condition and ill-equipped. One center playground had climbing equipment enclosed on two sides by a wire fence. The fence was less than a foot from the equipment and bordered a concrete sidewalk, constituting a serious danger to the children playing there.

Physical plant and licensing regulations are concerns for both private and non-profit center directors. Although non-profit center directors have boards of directors who take care of the legalities of licensing, the center director still must maintain policies concerning the physical facilities. The following section entitled Fire Standards gives an indication of the kinds of regulations that must be met and also gives the day care review teams' evaluation of these standards as they are being met in the centers.

TABLE 21 FIRE STANDARDS AND EVALUATION

TYPE OF BLDG	ORGANIZATION P-Profit NP-Non-Profit	CHILDREN ENROLLED	ALARM SYSTEM	FIRE EXTING.	SPRINKLER SYSTEM	FIRE DRILLS
1 Story Frame	P	25	IP	X		
	P	26		X		
2 Story Frame	P	30*	X	X		
	NP	30		X	X	X
1 Story Block with Basement	NP	30	X	X	X	X
with Basement	NP	20*		X		X
	NP	40	X	X	X	
2 Story Block	NP	16				
	NP	10	X	X		
	NP	80-100	IP	X	IP	
	NP	50*		X		
	P	21		X		X
	NP	37	X	X		
Mixed Block & Wood						
1 Story	NP	21*	X	X		X
2 Story	P	26		X		

CAPACITY	16	20	20	20	21	25	26	30	40	45	50	40	60	60	75
ALARM SYSTEM			X	X		IP			X			X	X	X	IP
FIRE EXTING		X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPRINKLER SYSTEM									X	X			X		IP
FIRE DRILLS		X	X		X			X			X		X		
ORGANIZATION	NP	NP	NP	NP	P	P	P	P	NP	NP	NP	P	NP	NP	NP

NP - Non-Profit
P - Profit
IP - In Process
* - Centers experiencing no problems with Fire Regulations

Table 21 illustrates the 15 centers by five types of structure and relates the major protective equipment installed in each center. The most common type of structure for a day care center was a two-story block or concrete building. The six centers in this classification included the smallest and largest enrollments in the sample. The next largest group of buildings were of one-story block construction in which three centers function. Of the remaining three classifications of structures (one-story frame,two-story frame, and mixed), each includes two centers. The licensed capacities of these centers, a function of the occupant load formula (35 square feet of net space per child) ranges from 16 to 75 children. Capacity of all centers fell into roughly two major groups; eight centers are licensed for 16 to 30 children while the remaining seven can accomodate from 40 to 75 children. The smaller centers in the first group had three alarm systems and no sprinkler systems while the larger centers had five and four of these protective measures respectively. All but one of the centers had one or more fire extinguishers.

A part of the center evaluation was directed towards discovering any problems in meeting the requirements of the Fire Marshal's office. The fifteen center directors responded as follows when questioned about their problems with fire regulations. Four centers reported that they were not experiencing difficulties. They are delineated by an asterisk in the CHILDREN ENROLLED column of Table 21. As can be seen there was a uniform distribution with four of the five classifications containing one no-problem center. The remaining eleven directors stated the following problems:

1. No uniform requirements;
2. No uniform interpretations by inspectors;
3. Poorly trained inspectors; don't know regulations;
4. Lack of communication between Fire Marshal's office and center;
5. Show favoritism to private centers;
6. Alarm system and cost;
7. Stairwells, fire doors, and cost;
8. Fire equipment and cost; and
9. Meeting overall requirements, Fire Marshall doesn't want day care center to be licensed.

Collectively, the comments of these directors point to two interrelated problems: (1)an atmosphere of mistrust and suspicion of the Fire Marshal's office and its inspectors has developed among many directors; (2) the cost of implementing the code, i.e., the expensive, required protective equipment and structural modifications have seriously jeopardized the financial stability and legal status of some centers.

Fire exit drills are to be held with "sufficient frequency to familiarize all occupants with the drill procedure and to have the conduct of the drill a matter of established routine." Surprisingly, only six center directors professed having periodic fire drills. One of the non-drilling centers did have the evacuation procedures posted in the director's office, but even this practice was rare. The smaller centers had the best record with 50% in compliance with this rule while 72% of the larger centers were in apparent violation. Exit signs showing the location of exits, or the path of travel to reach them, are required in most buildings; exceptions are determined by the fire inspector. Other pertinent features of exits are elaborated in section 9-1 of the code.

At each center, exits and doors were examined for size, number of locking devices, presence of panic hardware where required, and obstructions. The evaluation teams reported four centers with obstructed exits. Obstructions noted were: one door completely boarded up, Christmas tree in front of door, door gates, and furniture blocking one exit. Exits were of adequate size and number for the number of people using them and the physical dimensions of the building. In two centers, fire doors were being installed by order of the Fire Marshal. In two different centers, exit doors were found that had more than the one locking device allowed by the _Life Safety Code, 1970_. The height of windows from the floor varied from center to center with four centers reported as having some windows four to eight feet above the floor while in the other centers, distance from the floor ranged from one to three feet. The majority of accessible windows appeared to be easily opened and large enough to serve as emergency exits should the need arise. No hazardous areas, such as storage or furnace rooms, were reported in any of the centers.

For the past several years, the State Fire Marshal has been reducing the fire hazards of many existing licensed day care centers. These centers were licensed under a model fire code that has been partially revised since they first began operating. Centers which are substandard by the new code have been granted approval for continued operation contingent on the correction of the deficiencies within a specified time period. All licensed day care centers are required to be reinspected at least annually. No standardized printed fire safety checklist is used by the inspectors or available to the centers.

Every new center must receive an initial inspection by a representative of the State Fire Marshal's office as one of the first of several steps in the licensing process (Department of Welfare Publication, July, 1965). The purpose of the inspection is to assess the building's occupant capacity, inherent fire risk, and to advise the licensee of all structural modifications and protective equipment necessary to bring the building up the The Life Safety Code, 1970. The licensee receives a written copy of the report with a list of the necessary changes and equipment. It does not contain a fire safety checklist. If the building is new and expressly designed for use as a day care center the responsibility for compliance lies with the architects who are thoroughly familiar with the code. However, the great majority of buildings are not of this type, but must be remodeled and converted from other uses. Estimates of the cost of upgrading may indicate that the facility is unsuited for this purpose. Whatever the case, when a building does meet all fire standards and is approved, a certificate of occupancy issued by the Fire Marshal.

The length of time required to achieve minimum standards and receive approval for a new center is influenced by a number of factors, several of which were just mentioned. Another variable is the small number of staff inspectors who work out of Charleston. These five men are responsible for the inspection of hundreds of structures scattered throughout the state. The workload and scheduling problems are such that one to two weeks elapse from the date of the initial request to the actual inspection. It then takes another one to two weeks before the applicant receives the official report. If the facility must be upgraded, an additional inspection is necessary to verify compliance and several more weeks may pass before approval is received.

The Life Safety Code, 1970, Chapter 9, "Educational Occupancies" is the basic document used by the fire marshal. The state fire laws under which all centers operate are mirrored in this code. The definition of educational occupancies includes "all buildings used for the gathering of groups of six or more persons...and...includes part-day nursery schools, kindergartens, and other schools whose purpose is primarily educational even though the children are of pre-school age. (National Fire Protection Assoc., 1970. pp. 101-86) The code applies statewide, with no county variances allowed, and it takes precedence over any city fire code. At this time, the code is the only publication available to new or existing operations and it is not distributed. Chapter 9, "Educational Occupancies", contains so many references to other sections and chapters which must be complied with and which refer to still other sections, that the basic requirements of the code are unintelligible to the layman. Some sections of the code apply to specific occupant capacities, others apply to specific characteristics of the buildings, but in the final analysis, many sections may not be applied for pragmatic reasons. The code is interpreted according to the individual inspector's knowledge and judgment of fire risk as it relates to any given center building.

In practice the Fire Marshal's office grants variance to, or waives, certain sections of the Code. For example, Sections 9-3, Special Programs for Kindergarten, etc., states that rooms for children shall not be located above or below the floor of exit discharge. Children are permitted however, on the second floor and/or basement levels of some centers if the areas are completely sprinklered and have a tied-in alarm system. This particular variance from the 1970 code is based on the Life Safety Code, 1967, but within the Fire Marshal's jurisdictional authority.

Zoning

The zoning authority in ten counties and county seats was polled to determine the extent to which zoning laws apply to day care centers. This sample was selected from the population of counties that comprised the base of the center and in-home day care evaluation. The results of this poll show that only two county seats, Charleston and Huntington, have zoning ordinances that specifically apply to child or day care centers. In both cities, this type of facility requires a special permit or exemption and the building and grounds must meet certain local specifications. See table 22.

Except as noted otherwise, the remaining counties and county seats either have no zoning code at all, or a day care facility falls under a commercial classification. However, the commercial designation has not always been strictly observed. Variances have been granted in some cities to permit the establishment of a day care center in a residential area when the center is to be operated from a church. The basic conclusion to be drawn from this study is that each proposed center will face a unique set of zoning laws in virtually every locale. In the absence of an explicit zoning code for centers, a wide range of commercial classifications will exist related to specific geographical districts within the zoning authority jurisdiction. Proposed centers will have to be located within these districts except where variances are negotiated and granted for residential districts. Finally, a particular city may have no zoning code and the center is limited only by the availability of a suitable facility which meets Fire, Health, and Licensing Standards.

TABLE 22 ZONING REQUIREMENTS

COUNTY	SEAT	REQUIREMENTS	DISTRICTS
Cabell	Huntington	Section 20 b3, c8, f3, hL, i3, jl, k12, p, rl, v,y	All except rl, rw, r3, b4, il, i2, i3
Kanawha	Charleston	Section 8.09.01, 5.a., b., c.	All in Section 4.00 to 7.00 inclusive
McDowell	Welch	Classified Commercial	No applicable
Mercer	Princeton	O & I (offices & institutions)	Variance for any r except Rl, R2
Mingo	Williamson	Classified Commercial	Not applicable
Monroe	Union	Classified Commercial	Not applicable
Wayne	Wayne	Classified Commercial	Not applicable
Raleigh	Beckly	Classified Commercial	Not applicable
Wyoming	Pineville	Classified Commercial	Not applicable
Summers	Hinton	Classified Commercial	Not applicable

Ranking of Day Care Components

A summary of the topics analyzed in this report on center-based day care is presented in Figure 6. This represents an average of the rankings of the components of day care by each member of the following three independent groups:

1. The day care review teams;
2. The fifteen center directors; and
3. The random group of fifteen social services workers.

In this evaluation, each component of day care was compared to every other aspect. Therefore, the numbers assigned to each component do not represent absolute, but relative values. The scale ranges from one (the weakest part of the center) to 14 (the strongest part).

Rankings of private and non-profit centers are discussed separately. This enables comparisons between the type of program offered by each as seen by the three groups. The rankings of each group, compares the view the directors and social services workers have of each part of the center operation to that of the review teams who systematically evaluated each part of the total operation.

When comparing the rankings given private centers, the review teams rated the evaluation of program, program for children, interest of children, and adult/child interaction lower (weaker) than did the directors or social services workers. The review teams' ranking of leadership of director was the same as the directors' ranking and both were lower than the social services worker. The same holds true for qualification of staff, learning materials, and organization. Physical plant was rated by review teams higher than by the directors or social service workers. Parent involvement in private centers was rated very low by all three groups.

In comparison to all other aspects of center operations, attitude was rated highest by review teams and second only to leadership of director by the social service workers. Directors, on the other hand, ranked attitude as six, which is a mid-ranking. Directors did not rank nutrition or medical services, but review teams and caseworkers ranked nutrition high, eleven and eight, respectively, and medical services eight and four, respectively.

Six rankings out of 12 were the same for review teams and directors but the review teams and social service workers agreed only on one ranking, that of supplies which was given a six by both. Directors felt supplies were not as good and gave this aspect a ranking of three. The directors and review teams, who were much closer to the situation, agreed more often in their rankings (a total of only 3 points difference) but generally gave a lower ranking than did the social service workers.

The comparison of the rankings of non-profit centers show that the review teams ranked the following as lower (weaker) than the social services workers and directors: Evaluation of program; program for children; leadership of director; qualifications of staff; and parent involvement. When compared to profit centers this shows that the leadership of the director is judged lower by all three groups in non-profit centers. However, the review teams, ranked evaluation of program, program for children, learning materials, supplies, organization and nutrition lower in private than non-profit centers.

As in the private centers, physical plant and supplies were rated higher by review teams than by directors or caseworkers. Attitude of staff and interest of children were rated essentially the same by all three groups (eighth). Adult/child interaction and learning materials were ranked higher (eight and seven) by social service workers and review teams than by directors.

Nutrition was seen as the strongest part of the non-profit centers according to the review teams. Medical services was rated low.

In both private and non-profit situations, evaluation of program was the lowest aspect of the total operation with program for children being low in both, but judged slightly better (2 points) in non-profit centers.

All groups found this rating system hard to resolve. It was difficult to place one good aspect of a center above another, and conversely, extremely difficult to decide on the weakest part when most were deemed weak compared to an ideal day care program.

The combined rankings in Figure 6 of the profit and non-profit centers by the three groups gives a more concise picture of the total day care operation.

The evaluation program, program for children, leadership of director, qualifications of staff, and interest of children were ranked lower by the review teams than by the social service workers or directors.

Physical plant, adult/child interaction, parent involvement, and organization were ranked essentially the same by all groups.

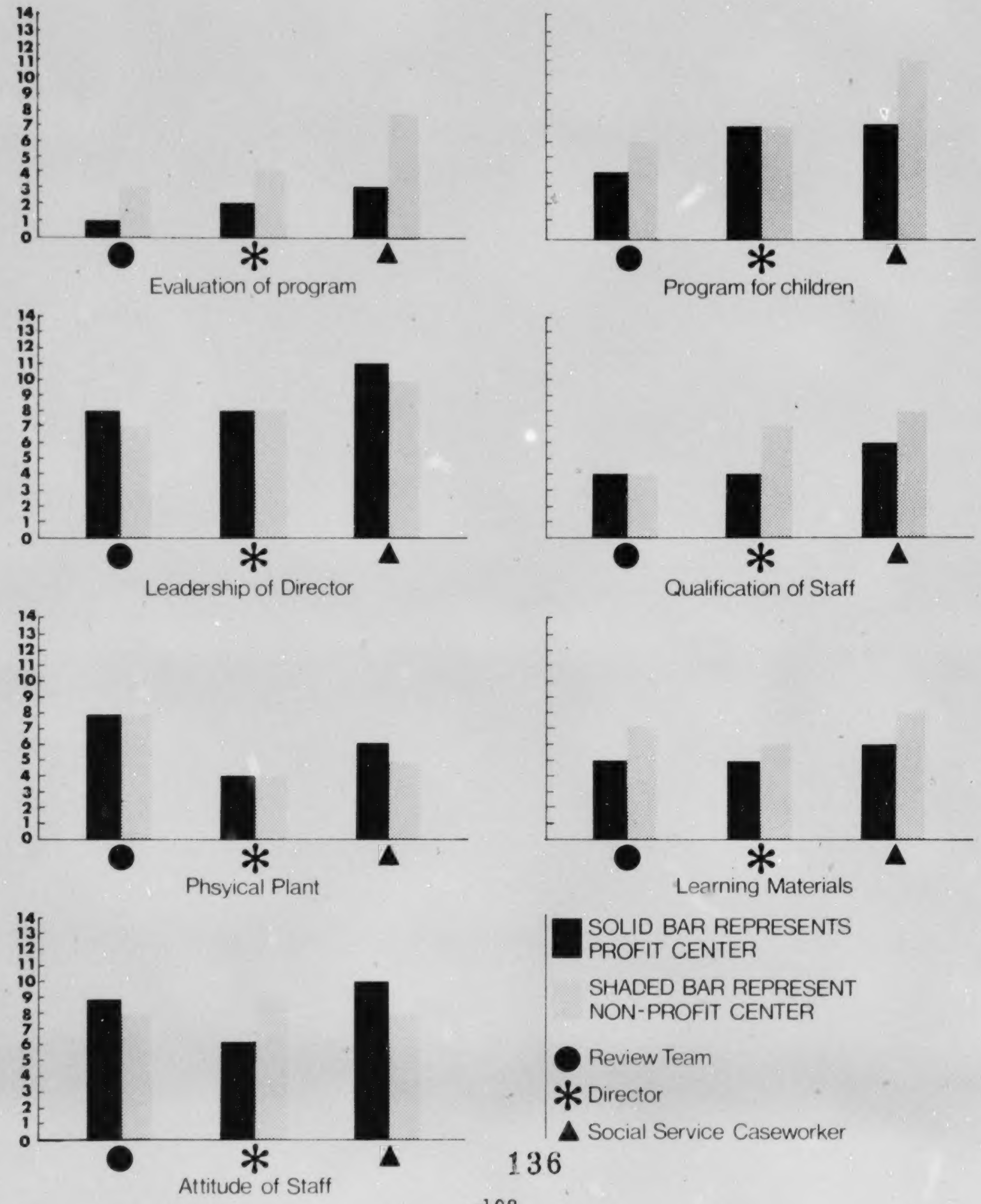
Learning materials, attitude of staff, and supplies were ranked higher than directors by the review teams, but lower than the social service caseworker.

Nutrition and medical services were ranked higher by review teams than by social service caseworkers. In fact, nutrition was ranked the strongest aspect of the total operation by the review team. The weakest aspect as seen by the review teams was availability of program with program for children and parent involvement being the next weakest components.

EVALUATION OF DAY CARE CENTERS

RANKING GIVEN TO EACH COMPONENT OF A DAY CARE CENTER

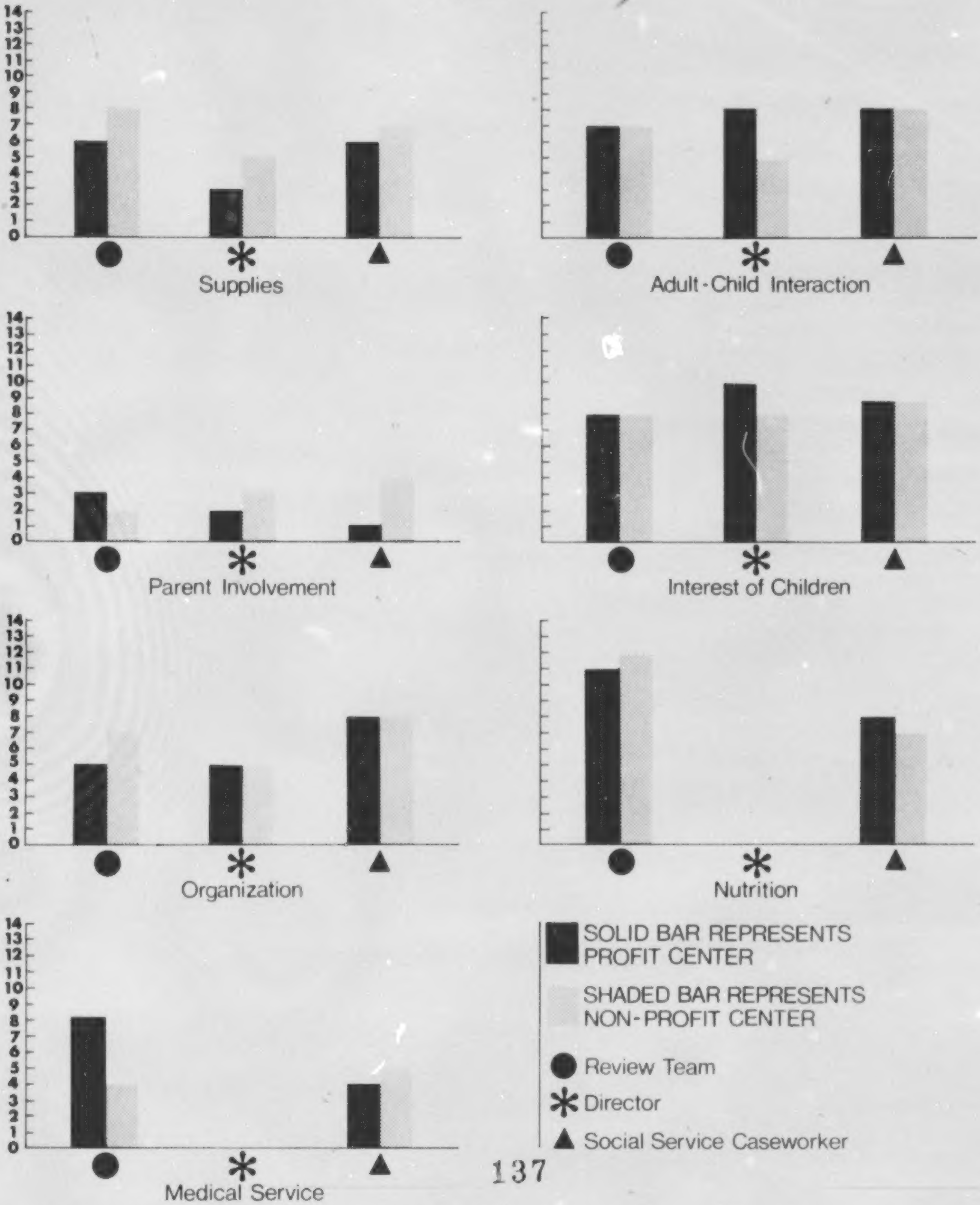
FIGURE 6



EVALUATION OF DAY CARE CENTERS

RANKING GIVEN TO EACH COMPONENT OF A DAY CARE CENTER

FIGURE 6



CONCLUSIONS

Program For Children

It is obvious from the data collected on objectives, procedures to help children attain objectives, and planning and evaluation that day care centers as they presently exist in West Virginia do not have strong developmental programs for children. Staff members specified few objectives. They exhibited a limited range of means to help children attain those objectives which they did state. Staff members are not encouraged to use lesson plans, or to write them. There is little team or total staff planning. In-service training is almost non-existent. All of these factors represent essential parts of a day care program and in the sample studied they do not appear as strengths.

The daily schedules and observations indicate that most children are allowed free play to the extent that it is not a meaningful activity. Free play is not used to help children learn social skills or how to take care of toys or games. Within the 10 hours most children spend in a day care center situation, approximately nine of those hours are taken up in free play, lunch, snacks, naps and transition from one activity to another. The remaining hour consists of teacher directed activity. In these teacher directed activities the adult gives instructions in art, music, or storytelling. The learning objectives for these activities are not apparent. The adult/child interaction, a key factor of good day care, is generally of low quality. Many staff members apparently think of their function as that of a patrolman, i.e., directing traffic flow from one activity to another and making sure that children are not hurting one another.

There is little meaningful interaction designed to foster a healthy self-concept or encourage children to change their behavior. Staff do not interact with children during free play either outside or inside except for correcting children for fighting or quarreling. Children are rarely taken outside during the winter months and children under 3 are not taken outside between the beginning of winter and spring.

There was a low level of child involvement in many activities. This can be explained, in part, by the lack of effective classroom management procedures. Staff members had considerable trouble in getting all the children to participate in activities with the exception of lunch and snacks. Free play periods were not engaged in with the enthusiasm expected of young children. This lack of enthusiasm may be due to a lack of appropriate learning materials and supplies for the ages and stages of development. A compounding factor may be that, in over one-half of the centers, children of different ages (2-5) were together all day. There was little opportunity for children of approximately the same age to play and learn together.

Staff members were generally warm and thoughtful, but uninformed and not well prepared to work with children. The primary qualification most staff members gave for working with children was that they had raised children of their own. Most staff members have had little formal, or informal, training in early childhood education. They were not being kept-up-to-date on current philosophies and teaching strategies. The staff members were not generally aware of their needs for skills in behavioral management, classroom management, and program planning which they apparently need most.

Administration and Physical Setting

There is a need for training in effective administration of day care centers. Boards of directors and center directors do not exercise as strong leadership roles as may be warranted. Staff differentiation and goal setting are two areas where leadership seems most ineffective. There are sufficient staff members in most centers to develop an effective and productive program under strong leadership. But leadership must develop from a strong commitment to a purpose and a set of objectives.

Evaluation

The data indicate that little effort is being expended on the evaluation of children, staff or program. Childrens' progress is evaluated, if at all, by unsystematic observation.

Staff members are not formally evaluated. The programs are not evaluated to determine where they need improvement.

Nutrition and Health Care

This aspect of the centers can be summarized by stating that foods served are generally well-balanced and that the children do receive nutritious lunches. However, most staff members do not eat with the children. During eating periods the staff members act as waitresses and make sure that children get and eat their food. In most centers home style eating is not routine. Menus were not posted or available in many of the centers.

The food service of center based day care programs, however, is a strength of the present system. The major areas examined in the study were found in compliance with the relevant code.

Center directors were experiencing few, if any, problems in meeting the code but some expressed confusion and uncertainty with respect to the importance and clarity of some items on the inspection report (SF-1) and the inconsistency of some county sanitarians. Centers follow food guidelines but fall short on the educational value of meal and snack times.

Health care policies are of the "common sense" type with staff members reacting to problems as they arise by either administering first aid or calling the parent. There was no evidence of a set procedure used to obtain additional health services for children other than referring parents to other sources who could help with health, dental, or psychological problems. Most staff members reported that they have never had a serious accident in the centers. Therefore, they were unable to discuss what they would do in such a situation except to call the parent, or take the child to a hospital.

Licensing Standards and Requirements

The renewable provisional license is valid for a "limited period of time" if the center has complied with most of the major licensing requirements. The purpose of the provisional license is to enable a center to begin its service and upgrade its operations in the shortest possible time to qualify for a regular license. The intent of the Licensing Board is not to continually renew this class of license, but renewal four or five times has occurred in enough cases to raise questions concerning the effectiveness of the provisional license. One rather extreme example involves a center which has been operating on a provisional license for 2-3 years and has yet to meet minimum standards. The regular license, valid for two years, is granted if the center has satisfactorily met the minimum licensing requirements. No further evaluation of the center by the Licensing Board is normally conducted until the center applies for a renewal two years later. Several shortcomings are evident in the licensing standards and requirements in their present form. There exists a comingling of minimum with desirable standards leaving some doubt in the mind of the reader as to which is which. Interspersed throughout the various sections of the standards are paragraphs on policy and procedure that relabe more to the social services manual chapter on day care service than to licensing standards. Having last been revised in 1965, several sections are in need of updating. Also, several important areas of day care operations are not regulated or provided for.

Fire Standards

Many directors feel the fire inspectors are inconsistent in the enforcement and interpretation of the fire code and allude to an absence of uniform training for the Fire Marshal's staff inspectors. The mandates of the newer 1970 code and the costs of upgrading the facility has imposed a serious financial burden in some cases. These two factors undoubtedly explain much of the bitter feelings and as centers close or upgrade to the code this will diminish. But until directors and new operators have specific statements of what is expected from them, the problem will persist. Chapter 9, Educational Occupancies is applied primarily to occupant capacity, i.e., number of people using the room(s) or the building, the materials of which the building is constructed, and the physical layout of the building. The hard feelings of the directors with respect to the application of the fire safety standards may have some validity. It does appear that these standards and requirements are not uniformly applied. The evaluation teams discovered several violations of the code, however, including blocked exits, lack of fire drills, and the absence of posted evacuation plans.

4. A PORTRAIT OF DAY CARE IN WEST VIRGINIA

Based on the many interviews and the data collected from the samples of non-center based and center based day care in West Virginia, a profile of the present situation can be developed. In any summary of masses of data, such as those collected in the present studies, the profile may be generally correct. Lost in such summaries, however, is the strength of some day care situations which are atypical of the whole sample. Also lost, of course, are the data on the truly poor situations which may well be detrimental to the health, development, and well-being of the children involved. We have tried to be fair in our assessment, but as we acknowledged in the introduction, our view of day care is based on certain assumptions and, therefore, the data are interpreted in the light of these assumptions.

Based on our data and assumptions, we picture day care in West Virginia as largely custodial in intent and practice with few exceptions. There are many concerned and dedicated people working in the field of day care including social service workers, family home mothers, in-home caretakers, center directors, center staffs, and planners and managers on the state and area levels. There are, however, serious weaknesses in many areas which we consider essential to quality day care. These include objectives, curriculum, teaching procedures, parent involvement, systematic in-service training, and evaluation.

Objectives are not well specified at any level of the day care system. Since this is so, it means that many of the other aspects of day care cannot be well designed. Without objectives at the level of child development, appropriate curricula cannot be created and, in fact, few well-thought-through curricular programs were observed in any type of day-care setting. A lack of objectives also hinders the development of in-service training. At the center-level, staff meeting may have no focus or developmental sequence to follow. At the non-center level the area social service workers have no guidelines to follow in establishing training procedures. Supervision, evaluation, and monitoring take place so infrequently that there appears to be no real, or continuous, communication between welfare staff members and those who care for children in any of the settings.

Transportation is a problem in the sense that the lack of convenient means of travel limits the options people have when day care services are needed. Attitudes toward day care also limit the choices of day care situations in some instances. Some centers are not at capacity and many family home situations are not used to their maximum.

The reasons are complex and involve both transportation difficulties and the attitudes of parents toward day care.

Responsibility for day care programs is not specifically delegated at either the state, area, or local level. The diffuseness of authority and responsibility between state and area, between licensing and programming, and among area social service workers tends to leave efforts to improve programs as a responsibility of many but with no one in authority.

There are physical hazards to children within the sample of day care situations observed. There may be developmental hazards as well since many opportunities for enriching child experiences are lost due to caretaker naivete, lack of planning, lack of leadership, or lack of direction.

This rather depressing state of affiars should be balanced with a view of what is happening to improve day care in West Virginia. The question is whether or not the plans that are being made by those at the state level can become a reality. The needs of the indigent as well as the non-indigent children are certainly real enough.

What do statewide planners want day care to be? The people of West Virginia have been aggressively seeking to capitalize on the growing popular awareness of the learning needs of young children and their own recognition of inadequacies in the state child care system. The Governor has committed himself to the development of an Early Childhood Education Program (Clay, 1971). Guidelines for Regional Early Childhood Education Demonstration Centers (Clay, 1971) have been prepared. An Interagency Council for Child Development Services has written a comprehensive plan (Moore, 1971). The Day Care Task Force has submitted a report and numerous recommendations (Task Force, 1972). The Appalachian Regional Education Laboratory has focussed a major share of its attention on early learning programs. (Campbell, 1971). Many projects have been proposed and some of these have recently become operational, e.g., The Statewide Enrichment Project for Day Care Centers (Flowers, 1972).

The staff of the present study recognized the value of all of those productive efforts as sources of information concerning what the planners of West Virginia expect from day care services. Therefore, an analysis of all available documents, including those described above, was made. The data from this analysis of secondary sources were used to supplement, support, or balance the information gathered from the basic data sources used in the studies. What do their data suggest with respect to the goals, programs, other purposes, and procedures in day care?

Goals

With respect to the children involved in day care the planners suggest that day care:

1. Should help to reduce the first grade retention rates by getting children more adequately prepared for first grade (now that kindergarten is a reality for many children it is assumed that the expectations for kindergarten will include the same goal). An often mentioned goal of center-based day care staff was the same - preparation for school.
2. Should help in the prevention of dropouts in the later grades of school. Obviously, the chain of reasoning is that better preparation for school will lead to greater success and, therefore, will reduce

the frequency of one reason for dropping out of school. This goal was never mentioned by day care center staff or any caretakers included in the studies.

3. Should promote optimal development. This goal of day care is frequently mentioned in proposals and the documents reviewed, but is rarely stated in any form by those who interact daily with children.

4. Should develop a child's self-esteem and his ability to respect the rights of others. This statement, in various forms, appears in several documents, but is rarely articulated by center staff or caretakers. The latter half of this goal is, however, directly related to the day care staff members' concern with the goal of helping children learn to get along with one another.

5. Should relate to the mental and emotional needs, improve well-being, evaluate growth and development, nutrition, and correct physical defects of children. Only in written documents such as the Comprehensive Child Development Plan (Moore, 1971) does a statement as specific as this appear with respect to the goals of day care.

6. Should "enhance the social, emotional, physical, and intellectual development of each child". The Guidelines for Regional Early Childhood Education Demonstration Centers (Clay, 1971, page 20) presents this statement which is followed by a series of broad goals of the early childhood program.

Neither day care staff nor non-center caretakers articulated their goals in a similar fashion. These "on-line" persons were simultaneously more general: "get the child ready for school", and more specific: "teach him his colors".

Program planners in West Virginia hold high expectations for the potential effects of day care services while those who actually deliver the services in the day care program received in this study are much more modest in their expectations. Our experience suggests that this discrepancy between ideal goals and objectives for children and the actual delivery of services that can lead to these objectives is not unusual in child development enterprises nationwide. It also suggests the many complexities involved in program delivery including the training and education of the staff of center-based and the caretakers in non-center based day care services as well as the evaluation and monitoring of such services.

Other Purposes

Day care has seldom been conceived of as a service that is developed only to serve children's developmental and learning needs. In West Virginia, as elsewhere, day care has other purposes. What are these other purposes as they are expressed by the planners and conveyors of service in West Virginia?

1. Day care service is a means by which parents can be freed to secure their own economic independence through education, training, and ultimate employment. For the state this means that day care is a necessary, but not sufficient condition which enables welfare

recipients to become contributors to the economic base of the state.

2. Day care provides a means through which parents may learn to more effectively manage their parental responsibilities. Although this statement may seem paradoxical, it is a fairly well-established fact that some parents need the freedom from child-rearing responsibilities for part of the day. Such freedom enables the parent to accomplish their own goals with less frustration and pressure than is true when all of their children are with them twenty-four hours per day. Parents who appear to be less effective parents under normal circumstances are sometimes quite adequate if their parenting responsibilities are shortened in duration and intensity.

3. Day care may be used to help families lead more satisfying lives and to supplement the role of the family in child rearing.

All of the above goals of day care are recognized by those who are working toward a broader scope and higher quality of day care in West Virginia. All of these goals are legitimate, but it is apparent from our analysis of both primary and secondary data from the agency personnel and the planners that day care as a developmental and learning resource for children is the primary goal of the emerging system.

Programs

What do the program planners desire with respect to the operation of programs for young children?

1. All indications are that state personnel want an integrated, well articulated comprehensive system of day care that is built upon interagency cooperation. The emphasis is on the word "system" and that which this concept implies. Those thinking about the system want it to be cost effective. They want it to include infant stimulation both in center-based facilities and in non-center based services. They want it to include all services needed by children and their families including those related to education (both parent and child), nutrition, health, dental care, psychological, and social factors infringing on development. They want the system to reduce overlap among services and to increase communication among agencies. The system should also insure that statewide planning is not fragmented.
2. Planners want individual programs themselves to be planned and based upon goals which specify the behaviors that both adults and children are expected to demonstrate.
3. Planners want day care programs to be differentiated on the basis of each child's abilities and needs.
4. Planners believe that programs should also be differentiated on the basis of the quality of each program, e.g., basic, minimum, and developmental.
5. Planners believe that the system should include parent education designed to improve the quality of child rearing techniques used in the home.

Procedures

Many suggestions and proposals have been made (and some are being implemented at the present time) to foster the development of various aspects of the system that has the above features. The following procedures for implementing the system were extracted from the planning documents and proposals available to us:

1. Provide a public information program designed to help the public understand the values of day care.
2. Provide more in-service training for day care workers
3. Enhance communication between day care providers and the agencies concerned with day care.
4. Provide incentives for the improvement of the educational and enrichment exposures provided for children and parents.
5. Improve transportation systems within specified areas in order to make services available for all those who need them not just those who can get to them.
6. Provide a basic orientation course for family group care parents and In-Home caretakers. It was suggested that this may be done by parent educators. Provide a basic guide for day care mothers.
7. Provide a training program for parent educators.
8. Provide staff training packages for center-based day care.
9. Set up an evaluation system for center-based programs based on the early childhood content implemented in the center.

10. Provide consultation and licensing services to communities who wish to establish new day care programs when study shows that these programs are needed in that particular area.

11. Provide new standards for In-Home, Family Group Home, and Center-Based Day Care.

Is the present system sufficient to meet the goals and objectives in West Virginia? This question can be answered on many different levels, but based on almost any criteria a fair-minded person would have to answer it with a categorical "no". But all persons involved realize that such an answer is only telling the people of West Virginia what they already know. The more important question is whether or not, from among the various agencies, proposals, and activities is there an adequate system emerging? Will that which is now being tried, plus existing services, and that which is planned merge into a responsive, effective, and efficient system? The answer to such a broad question depends on many factors--political, economic, and social--and many of these factors are quite beyond the control of a single agency in state governmnet. There is no reason to retreat from the question, however, if the reader is willing to accept the qualification that the answer is very much dependent upon the stability or improvement of the political, social, and economic situation with respect to child care.

In summary, it has been shown that the contrast is great between what the planners want day care to be and what day care presently is in the State of West Virginia. The results of our studies indicate this gap rather dramatically. The reduction of the distance between what is real and ideal will require even more systematic and vigorous effort than has gone before.

In the next section we have built six major recommendations to present to the state as one way to be sure that the major components of a day care system are sequentially developed.

APPENDIX I

FAMILY LEARNING CENTERS, INC.

III. Social Service Day Care Workers Questionnaire

OCTOBER 1972

Prepared by:

Family Learning Centers, Inc.
1584 Tullie Circle, N.E.
Atlanta, Georgia 30329

INSTRUCTIONS

Based on your knowledge of Day Care Centers, In-Home, Family, and Neighborhood Day Care services available in your region of the State please respond to the following to the best of your ability.

1. The typical Proprietary Day Care Centers in my region can be characterized as showing the following order of strength. Rank components from the weakest (1) to the strongest (14). Rank all items.

_____Evaluation of Program
_____Program for Children (Curriculum)
_____Leadership of Director
_____Qualifications of Staff
_____Physical Plant
_____Learning Materials (Adequacy, Variety, and Use)
_____Attitude of Staff
_____Supplies (Adequacy, Variety, and Use)
_____Adult-Child Interactions
_____Parent Involvement
_____Interest of Children
_____Organization
_____Nutrition
_____Medical Services

2. The typical Non-Profit Day Care Centers in my region can be characterized as showing the following order of strength. Rank each component from the weakest (1) to the strongest (15). Rank all items.

_____Evaluation of Program
_____Program for Children (Curriculum)
_____Leadership of Director
_____Qualifications of Staff
_____Physical Plant
_____Learning Materials (Adequacy, Variety, and Use)
_____Attitude of Staff
_____Supplies (Adequacy, Variety, and Use)
_____Adult-Child Interactions
_____Parent Involvement
_____Interest of Children
_____Organization
_____Nutrition
_____Medical Services
_____Advisory Board (Board of Directors, etc.)

3. The typical Non-Center-Based Day Care services in my region can be characterized as showing the following order of strength. Rank from weakest (1) to strongest (8). Rank all items both for Vendors and for Department operated.

Vendors	Department	
_____	_____	Physical Facilities
_____	_____	Nutrition
_____	_____	Caretaker's Attitude
_____	_____	Caretaker-Child Interaction
_____	_____	Activities planned by Caretaker
_____	_____	Parent-Caretaker Interaction
_____	_____	Learning Materials Available to Child
_____	_____	Caretaker's Skill in Child Management

4. The typical Non-Center-Based Day Care services in my region can be characterized as showing the following order of strength. Rank from weakest (1) to strongest (11). Rank all items both for Vendors and for Department operated.

Vendors	Department	
______	______	Physical Facilities
______	______	Nutrition
______	______	Caretaker's Attitude
______	______	Caretaker-Child Interaction
______	______	Activities planned by Caretaker
______	______	Parent-Caretaker Interaction
______	______	Learning Materials Available to Child
______	______	Caretaker's Skill in Child Management
______	______	Variety of Activities for Children
______	______	Shelter provided Children
______	______	Training of Caretaker
______	______	

5. Approximately (or exactly, if you recall the precise number) how many vendors of full-day family, neighborhood, and in-home day care services operate in your region?

No. :______

6. Of these services numbered in item 4, how many vendors:

a. Provide a well-balanced lunch No.:_____
b. Serve a morning and afternoon snack No.:_____
c. Follow a planned set of daily activities No.:_____
d. Have outdoor play equipment No.:_____
e. Have had any kind of training related to services No.:_____
f. Meet minimum physical standards No.:_____
g. Have indoor play equipment (more than 1 piece) No.:_____
h. Have learning materials (like instructive toys, dolls, telephones, mobiles, puzzles, etc.) No.:_____
i. Have workable T.V. sets No.:_____
j. Are related to at least one of the children, other than their own, for whom they care No.:_____

7. Approximately (or exactly, if you recall the precise number) how many Department operated full-day family, neighborhood, and in-home day care services operate in your area?

No.:______

8. Of these services numbered in item 7, how many of them:

a. Provide a well-balanced lunch No.:____
b. Serve a morning and afternoon snack No.:____
c. Follow a planned set of daily activities No.:____
d. Have outdoor play equipment No.:____
e. Have had any kind of training related to service No.:____
f. Meet minimum physical standards No.:____
g. Have indoor play equipment (more than 1 piece) No.:____
h. Have learning materials (like instructive toys, dolls, telephones, mobiles, puzzles, etc.) No.:____
i. Have workable T.V. sets No.:____
j. Are related to at least one of the children, other than their own, for whom they care. No.:____

9. Please rank in order of importance to you the needs of your area with respect to Day Care Services (Put some rank by those of equal importance) (Add your own items before ranking).

_____More Day Care Centers
_____More In-Home Vendors
_____More Neighborhood Vendors
_____More Family-Day-Care Vendors
_____More Department In-Home Care
_____Better training for Vendors/Non-Center based
_____Better training for Vendors/Center based
_____Better Training for Social Services Day Care Workers
_____More Social Services Day Care Workers
_____More staff in Licensing Division
_____Better reimbursement schedule for Vendors
_____More comprehensive program guidelines for Center Services
_____More comprehensive program guidelines for Non-Center Services
_____Better facilities for Centers
_____Better nutritional programs
_____More referral sources, e.g., psychological, medical evaluation
_____More time for staff to monitor or consult with service providers
_____ ____
_____ ____
_____ ____
_____ ____

10. Please make any comments that you wish concerning the Day Care needs in your area of the State. Please be frank.

11. What can you suggest to make Day Care Services of high quality available to your clients?

APPENDIX II

NON-CENTER BASED DAY CARE REVIEW MANUAL

FAMILY LEARNING CENTERS, INC.

II. IN-HOME, NEIGHBORHOOD, AND FAMILY DAY CARE REVIEW MANUAL

OCTOBER 1972

Prepared by:

Family Learning Centers, Inc.
1584 Tullie Circle, N.E.
Atlanta, Georgia 30329

Code Name of Home: ______________________________

Date: ______________________________

Reviewer: ______________________________

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INSTRUCTIONS TO REVIEWER

This manual has been prepared for use in the assessment of the quality of non-center based day care services (In-Home and Neighborhood). This manual is to help a reviewer obtain an objective view of the way in which the caretaker(s) manages the services provided to children. The review is not intended to assist in the assessment of the effects of day care on the children. The focus is on the input to children provided by the caretaker(s).

The review should be done in the company of the area Social Services worker who knows the caretaker(s). The caretaker should be selected at random from those available in the area. The caretaker(s) should be assured of the fact that (s)he will be identified by a code and his/her identity not revealed in any reports.

The reviewer should spend the rest of the time observing the activities of the children and adults and completing the Observations form. After leaving the facility the reviewer will complete the Reviewer Summary Report.

CARETAKER INTERVIEW SCHEDULE

1. How many children do you take care of? ____________

2. How many more children could you care for? ______________

3. How many children are on your waiting list, if any? ______________
How old are the children you are presently taking care of? Specify how many of each.

4. Infants ______________
5. 1 year old ______________
6. 2 year olds ______________
7. 3 year olds ______________
8. 4 year olds ______________
9. 5 year olds ______________
10. 6 year olds ______________
11. Older ______________

Are any other adults helping you take care of the children?

12. yes _________ no _________
13. if yes, how many? _________
14. how many hours does each work a week? _________

Do any of the children's parents help out in running the home?

15. yes _________ no _________
16. if yes, how much time do they give? _________

What hours is your home open for day care? From:

17. _________A.M. to _________P.M.

What meals do you serve? (check)

18. Breakfast _______________
19. Lunch __________________
20. Supper _________________
21. Midmorning Snack ________
22. Afternoon Snack _________

23. Do you plan any lessons for the children? yes _____ no _____

24. Do you take the children outdoors regularly to play? yes _____ no _____

25. If yes, where? (i.e., park, playground, own yard)

26. How many of the children have mothers who work? _________

27. How many of the children are from one-parent homes? _________

28. Do you receive supervision from a public or private agency that offers child welfare services? yes _____ no _____

29. If yes, what agency or agencies? ____________________________________

When was your home last inspected by a representative of:

30. the licensing agency? ______________________

31. the building code authority? ______________________

32. other agency? (specify) ____________________________

How much do you charge for a week of full-day care (at least 7 hours a day?)

33. All pay the same rate, which is __________________

34. The fees range from ____________ to __________________

35. Are the fees of any of the children paid by public funds? yes_____ no_______

36. If yes, from what source?_____________________________________

Do you know how many of your families earn:

37. under $5,000___________

38. $5,000 - $10,000 ___________

39. over $10,000 ______________

40. What are the objectives for the children? What should children learn under your care?

41. What do you do to help children attain these objectives

42. How do you tell if children are learning, developing, or growing in your center?

43. What records are you responsible for keeping on the children with whom you work?

44. What do you do if a child misbehaves?

45. What do you do if one of your children gets sick?

46. What do you do when a child will not eat, or only eats part of his food?

47. What do you do when a child gets hurt?

47a. Minor injury? e.g., a cut knee

47b. Major injury to head, eye, broken bone for example?

48. What do your children like to do most?

1. ____________
2. ____________
3. ____________
4. ____________

49. What do your children like to do least?

1. ____________
2. ____________
3. ____________
4. ____________

50. What kinds of toys, games, books, equipment, or materials would you like to have for your work with children that you do not now have? List in order of priority.

1. ____________
2. ____________
3. ____________
4. ____________

51. What is the best part of your job?

52. What is the worst part of your job?

53. What kinds of training would you like to have to do your job better? What do you need to know more about? or What do you need to know how to do? List in rank order of need:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

54. Do you belong to any group of people whose jobs are like yours? Who work with young children?

55. Describe a typical day for the children? (Use Daily Schedule Form)

What time do they come?

When do they leave?

When do they eat?

When do they rest?

When do they go outdoors?

What happens on bad weather days?

56. What do you do if you are sick?

57. Who takes your place if you are sick?

58. Do the children watch T.V.?
yes __________ no ___________

59. If yes, what programs do they watch?

60. Do you take field trips?

yes __________ no ___________

61. If yes, what kinds have you taken?

62. Please list for me the most crucial problems you face in providing the kind of child-care you want to provide? List in order of importance.

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

CARETAKER PROFILE

1. Title:

2. Sex:

3. Age:

4. Educational Background: Grade Completed ________
High School Graduate ________________
G.E.D. Equivalent ________________
Technical School ________________
College 1 2 3 4 (circle one) Subject: ________________
College Graduate ________ Major: ________________
Advanced Work? ________ Subject: ________________
Advances Degree ________ Major: ________________
Other training ______________
Workshops
Institutes
Short Courses
Supplementary Training

5. Date began offering present services ____________________.

DAILY SCHEDULE FORM

	Group of Children			
Time	A ( )	B ( )	C ( )	D ( )
7:00				
8:00				
9:00				
10:00				
11:00				
12:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				

OBSERVATIONS FORM

Data for this form should be gathered during the entire time a Reviewer is in the facility, but they must be based on at least 45 minutes of direct observation. The Reviewer should break the observations into three (3) fifteen minute periods. List activities for each period.

Usually the data will be in the form of Yes-No responses by the Observer. Wherever you are unable to observe the particular activity, simply check the N.A. (not observed) column. If you observe an activity and mark a negative response, please try to remember the event and put down the anecdote. Give examples for any negative data particularly and for any positive data that you feel needs to be pointed out.

	Obs.	Tally
1. During the observation periods count the number of positive comments made by the caretaker(s) to any child or group of children.	I	
	II	
	III	
2. Count the number of negative, or corrective, comments made by the caretaker(s) present to any child, or group of children.	I	
	II	
	III	
3. Total the total number of adult-child interactions noted in 1 and 2 above and divide the positive comments by the total number. Positive ÷ Total = __%	I	
	II	
	III	

	Obs.	N.A.	Yes	No
4. In your estimation were the activities engaged in during your observation period preplanned? Did there appear to be a purpose for the activities?	I			
	II			
	III			
4a. Were materials and equipment readily available and in the right place?	I			
	II			
	III			
4b. Was there a written plan that the caretaker(s) was following?	I			
	II			
	III			
4c. Did there appear to be a purpose for the activities? Could you tell what the children were supposed to learn?	I			
	II			
	III			
5. In your estimation did the adults you observed appear enthusiastic about their tasks and the children?	I			
	II			
	III			

		Obs.	N.A.	Yes	No
6.	In your observations of the activities did each child get an opportunity to manipulate the materials, answer questions, ask questions?	I			
		II			
		III			
7.	Did you observe the caretaker giving particular attention, help, or support to a child who was having difficulty with an activity?	I			
		II			
		III			
8.	The caretaker(s) that you observed was responsive to the children, answered questions, and interacted with the children without having to dominate?	I			
		II			
		III			
9.	Did you observe the caretaker(s) helping children learn how to use and care for books, toys, games, blocks, or any learning or play materials?	I			
		II			
		III			
10.	Did you observe the caretaker(s) interacting with the children when outside, i.e., playing with him?	I			
		II			
		III			
11.	Did you observe the caretaker(s) eating with the children?	I			
		II			
		III			
11a.	Did the caretaker(s) eat the same food as the children?	I			
		II			
		III			
11b.	Did the caretaker(s) talk with the children during mealtime?	I			
		II			
		III			
11c.	Did the caretaker(s) sit down with the children at mealtime?	I			
		II			
		III			
12.	Did you observe that the caretaker(s) appears to be alert to all the children for whom (s)he is responsible?	I			
		II			
		III			
12a.	Did you observe the caretaker(s) anticipating possible difficulties and acting to prevent altercations or problem-causing behavior?	I			
		II			
		III			
12b.	Did you observe the caretaker(s) changing activities when children were not interested?	I			
		II			
		III			
12c.	Did you observe the caretaker(s) ignoring some inappropriate behavior?	I			
		II			
		III			
12d.	Do you think that the caretaker(s) you observed knew what each of their children was doing most of the time?	I			
		II			
		III			

	Obs.	N.A.	Yes	No
14. In your judgement do you believe that the caretaker(s) you observed provided models for good language development?	I			
	II			
	III			
15. Did you observe that children had an opportunity to choose from among a variety of possible activities?	I			
	II			
	III			
16. Did you observe the caretaker(s) touching, embracing, or holding children to demonstrate affection?	I			
	II			
	III			
17. Did you observe that children appeared to be eager to initiate activities?	I			
	II			
	III			

18. List the activities you observed:

Observation I : Activity:

Materials:

Observation II : Activity:

Materials:

Observation III: Activity:

Materials:

	Obs.	N.A	Yes	No
23. Did you observe that the caretaker(s) valued silence among the children?	I			
	II			
	III			
24. Does the facility have adequate play equipment for the number of children served?	I			
	II			
	III			
25. Does the facility have adequate Learning Materials for the number of children served?	I			
	II			
	III			
26. Does the facility have adequate Expendable Supplies for the number of children served?	I			
	II			
	III			

REVIEWER'S SUMMARY REPORT

NON CENTER-BASED DAY CARE

1. Please rate, from your own point of view, the degree of cooperation received by you from the caretaker in the conduct of your review.

Totally obstructive _____
Moderately obstructive _____
Blase-Neutral _____
Moderately helpful _____
Totally helpful _____

2. If you rate the caretaker as either totally or moderately obstructive, please give examples and any reasons that you can ascertain.

Examples:

Reasons:

3. Please rank your overall impression of the strengths of the service. Rank each item from 1 (greatest strength) to 11 (weakest part of facility). Rank all items.

_____ Evaluation of Program
_____ Program for Children (Curriculum)
_____ Qualifications of Caretaker(s)
_____ Physical Plant
_____ Learning Materials (Adequacy, variety, and use)
_____ Attitude of Caretaker(s)
_____ Supplies (Adequacy, variety, and use)
_____ Adult-Child Interaction
_____ Interest of Children
_____ Organization
_____ Nutrition

4. If you needed day care services for your own children, would you want them to be enrolled in this facility?

5. If you answered "no" to 4, please make a statement concerning your reasons.

Please circle the word or phases which best describes your impression of each aspect of the Center's operation (7-17) based on the data you have gathered. Be sure to circle one or more words but if you have another word that better describes your impression - add it!

6. The Program for Children

goal directed - unfocused
structured - loose
benign - helpful
systematic - chaotic
task-centered - child-centered

Comments:

Examples:

7. Evaluation

Present - Absent
Complete - Piecemeal
Subjective - Objective
Numerical - Anecdotal

Comments:

Examples:

8. Organization:

Efficient - Chaotic
Effective - Nonproductive
Authoritarian Democratic
Laissez Faire Strict

Comments:

Examples:

9. Interest of Children:

Vigorous - Weak
Low - High
Consistant - Sporadic
Partial - Total

Comments:

Examples:

10. Adult-Child Interaction

Loving - Distant
Detached - Involved
Negative - Positive
Productive - Pointless

Comments:

Examples:

11. Supplies:

Rich - Poor
Scarce - Plentiful
Ancient - Modern

Comments:

Examples:

12. Attitude of Caretaker

Vigorous - Laconic
Careless - Thoughtful
Warm - Cold
Prepared - Lackadaisical
Ignorant - Informal
Clumsey - Skillful

Comments:

Examples:

13. Learning Materials:

Inadequate - Adequate
Few - Many
Wide-Range - Narrow-Range
Good Condition - Poor Condition

Comments:

Examples:

14. Physical Plant:

Ugly - Pretty
Inadequate - Adequate
Extraordinary - Normal
Spacious - Cramped
Cluttered - Neat
Clean - Dirty
Dark - Light

Comments:

Examples:

TO: In-Home and Neighborhood Day Care Reviewers

FROM: W. Hodges

SUBJECT: Additional Comments on the Review Manual

DATE: December 19, 1972

Reviewers will have to be extraordinarily clever in getting response to the bulk of the questions in the manual. Put questions in your own words. Try several different approaches. Our experience so far is that it is extremely difficult to get the Caretakers to respond.

Please be sure to get the following information in addition to those already included:

1. Is there any consultation between parent and caretaker with respect to what the child needs prior to placement of the child? How much?

2. Is there any discussion between parent and caretaker on a routine basis with respect to the needs of the child? How much? When? etc.

3. Write a description of the physical setting.
    a. Size of rooms
    b. Fire hazards
    c. Play space
    d. Danger areas, objects, etc.
    e. Outdoor play area

4. Write a description of the physical ability, energy, capacity, etc. of the caretaker.

5. Describe the family situation of the caretaker, e.g.

   number of children in family

   other adults in home

   who is around during the day

6. What is the caretaker doing for the child that is not required? Such as getting extra clothes, books, toys, etc.?

APPENDIX III

CENTER BASED DAY CARE REVIEW MANUAL

FAMILY LEARNING CENTERS, INC.

I. DAY CARE CENTER REVIEW MANUAL

OCTOBER, 1972

Prepared by:

Family Learning Centers, Inc.
1584 Tullie Circle, N.E.
Atlanta, Georgia 30329

Code Name of Center: ____________________

Date: ____________________________________

Reviewer: ________________________________

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INTRODUCTION

This manual has been prepared for use in the assessment of program policies and procedures for center-based child care operations. This manual is to help a reviewer obtain an objective picture of the way in which a center manages the delivery of a program of services to children. The manual does not purport to help in the assessment of the degree to which the center program is related to child outcomes, such as the development of social or intellectual skills. The focus is on the input made by the center and its staff to the children involved.

The manual is designed to help obtain as complete a picture in as short a period of time as possible. Implicit in the structure and content of the manual is the recognition of the problems inherent in organizing, equipping, staffing, and managing child-care facilities. The reviewer should keep in mind that the major task of this review is to secure specific information concerning these problems so that centers can be helped to overcome difficulties which prevent the delivery of quality care to children.

This manual is based on the premise that center directors, center board members, and staff want to and do deliver child care up to the limits placed upon them by financial, staff, space, and other factors which influence program efforts.

INSTRUCTIONS TO REVIEWER

The day care center Reviewer is in a sensitive position. The Reviewer should approach the task of assessment with a Center Director and the Center Staff as a non-judgemental, interested observer who is trying to find out what goes on in the center, how it is run, and what problems there are in delivering care to children. The Reviewer should assure the Board member, the Director, and the staff that the observations and interview data to be gathered during the visit will not be used in any way to jeopardize the status of the Center's license. In fact, the data on each particular center will be identified only by code in any report submitted to the Department of Welfare. In other words, the data will be reported as part of an overall picture of day care centers with no single, identifiable center singled out for Welfare Department scrutiny.

The Reviewer can also remind Center personnel that the intent of the study of day care is to help the State of West Virginia design ways to overcome the financial, staffing, training, and programming problems involved in the delivery of day care. The intent of the Department is to build upon the base of day care services already in existance rather than to abolish any of the much needed care presently provided.

REVIEWER TASKS IN APPROXIMATE CHRONOLOGICAL ORDER

1. Review material provided by Social Services on each particular center.

2. Make appointment with Director one or two days in advance of visit. Get to center before it opens in a.m.

3. Interview Director

   a. Obtain list of names and addresses of members of the Board of Directors (Policy Advisory Board, Advisory Committee, etc.) where appropriate. This will probably not be appropriate for proprietary centers, but will be for all publicly funded centers.

   b. Obtain copies of all written, or printed, materials related to the center program, staff policies, objectives, etc.

   c. Obtain inventory of all equipment and learning materials available in the center. (If not available, use the Equipment and Materials Inventory Form with the Director and check off that which the center has.)

   d. Obtain snack and meal menus for present week and any previous week which is available.

   e. Obtain daily schedule of activities for present week and any previous week which is available.

   f. Complete Staff Profile on Director with Director.

   g. Complete Director Interview Schedule with Director.

4. Interview each staff member.

   a. Fill out Staff Profile.

   b. Fill out Day Care Interview Schedule.

5. Choose one group of children and observe them using the Involvement Check for one-hour. This needs to be done in the morning when children are actively engaged in some situation with adults.

6. Observe adult-child activities and fill out Program Observation Form (see form for Instruction).

7. Eat with the children. Compare food served with food planned on menu. Observe children eating.

8. Observe nap-time. Note techniques used to get children to rest.

9. Observe outdoor-time if used. Note staff roles during this time.

10. Observe transition-times between activities. Note techniques used to shift children from one activity to another.

11. Re-interview Director before leaving center. Ask Director for additional comments. Leave Director's Report of Day Care Reviewing Team.

12. Interview at least one Board member using the Board Member Interview Schedule.

13. Interview parents (must be at center when it opens).

14. Fill out Reviewer Summary Form. Note all anecdotal comments you wish to make and give examples of evidence gathered where requested.

15. Deliver completed manual as instructed by Family Learning Centers staff.

DAY CARE DIRECTOR INTERVIEW SCHEDULE

1. What ages of children do you serve? ____________________

2. What is the legal capacity of your Center? ____________________

3. What is your enrollment? (Present) ____________________

4. What is your average daily attendance? (Past three months) ____________________

5. How many staff members do you have? ____________________

6. What is your fee schedule? ____________________

7. Does your fee schedule represent actual costs? Yes___ No___ What proportion?___

8. Do you serve Welfare children? Yes___ How Many?___ No___

9. Do you get requests to care for younger children than those you presently serve? Yes___ No___

10. If yes, about how many per month on the average? ____________________

11. Would you prefer to be able to work with younger children? ____________________

12. Would you like to be able to enlarge the number of children you now serve? ____________________

13. How large a capacity do you desire? How many children do you want to serve? ____________________

14. Do you have difficulty keeping your Center filled to capacity? ____________________

15. If yes, can you identify reasons?
    Staff? ____________
    Transportation? ____________
    Costs? ____________
    Lack of population? ____________
    Other ____________

16. Do you have more requests for services than you can handle? Yes _____ No _____

17. If yes, about how many per month on the average? ____________________

18. What kinds of problems if any do you have with the fire regulations or the way that these regulations are administered?
Rank in order of seriousness:
1. ____________________
2. ____________________
3. ____________________

19. What kinds of problems if any do you have with the health regulations or the way that these regulations are administered?
Rank in order of seriousness:
1. ____________________
2. ____________________
3. ____________________

20. What kinds of problems do you have if any with the Welfare Department regulations or the way that they are administered?
Rank in order of seriousness:
1. ____________________
2. ____________________
3. ____________________

21. Please tell me about any suggestions for improvement you can make with respect to the relationship you have with the Fire Marshall, Health Department, or Welfare Department.
____
____
____
____
____

22. How are the children grouped in your center?
By age? ____________________
What is the breakdown?
a.______ How many?_____
b.______ How many?_____
c.______ How many?_____

By another method? Yes_____ No_____
If yes, by what other method?
____
____

23. What is the purpose of your Center?
(Obtain any written statements)

24. What are the objectives for the children? or,
What should children learn in the Center?
(Obtain any written statements.)

25. What procedures do you use in helping children attain the objectives that your Center has set for them? or, How do children learn things in your Center?

26. In what ways do you see if children are learning, developing, or growing in your Center? or, In what ways do you evaluate the degree to which children are attaining the objectives set for them?

27. What happens when you have a child, or children who misbehave in your Center?

28. What happens when a child gets sick in your Center?
    a. Mildly?

    b. Seriously?

29. What happens when a child gets hurt?
    a. Minor injury, e.g., cut knee?

    b. Major injury, e.g., head, eye, broken bone?

30. What happens when a child will not eat? Or, will eat only a part of his food?

31. What happens if there is a fire? Are there written procedures?

32. What records are kept on the children?

33. May I have a copy of the forms you use for application to the Center? ____________________

34. May I have a copy of the forms you use for health certification? ____________________

35. May I have a copy of the forms you use for recording data about the children? ____________________

36. Is there a procedure to follow in obtaining medical, dental, nutritional, or psychological services for those children who need any of these services? Yes_____ No _______

37. If yes, please describe the procedure or give me a copy of the policy and procedure, if available.

38. What things do the children like to do best in your Center?
Rank order:
1.____________________
2.____________________
3.____________________

39. What things do the children like to do the least in your Center?
Rank order:
1.____________________
2.____________________
3.____________________

40. What materials and equipment do you have in your Center? Do you have an inventory that I may have? (If not, then use the Equipment and Materials Inventory with the Director.)
Inventory Available__
Not Available_______

41. What materials - toys, games, playground equipment, books, audio-visual equipment - would you like to have for work with children that you do not now have? List by priority.

1.________________________
2.________________________
3.________________________
4.________________________
5.________________________

42. Please describe a typical daily schedule from opening to closing time? (If schedules are available, pick up current week and one previous week.)

If not available, use Daily Schedule Form in Manual.

Schedule available_____
Not available__________

43. When does your staff get together for planning?

Daily For How Long?____
Weekly For How Long?___
Monthly For How Long?__
Other For How Long?____

44. What are the topics of your staff meetings?

45. What kinds of training does your staff need most? List in order of priority.

1.________________________
2.________________________
3.________________________
4.________________________
5.________________________

46. Do you belong to any group, or groups, of people who work with young children?

Yes _____ No __________

47. If yes, which group or groups?

Association for Childhood Education_________
Nat'l Assoc. for Education of Young Children_
Other groups: Name_____
____
____

48. If no, would you want to become part of such a group?

Yes_______ No _________

49. Do you have a Board of Directors, Policy Advisory Committee, or other such organization to whom you report? (If no, do not ask questions 50-54!) Yes ______ No ______

50. If yes, what is the group called? ____________________

51. Who makes up the membership? (Get list of names and addresses).

Parents	Professionals	Community	Other

52. How are these members selected?

53. How often do they meet? ____________________

54. What decisions do and can they make?

55. Are the parents of your children organized in any way? (If no, do not ask questions 56-58.) Yes ______ No ______

56. If yes, how are they organized?

57. What do they do as a group?

Meetings ____________
Topics 1. ____________
2. ____________
3. ____________

58. Do parents ever work in your Center? Yes ______ No ______

59. As Director, are you also responsible for a group of children? Yes ______ No ______

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60. If you want advice, counsel, or help with your program who do you turn to?

Name:
Address:

Tel. #:
Position:

61. What happens to your schedule on bad weather days?

62. What do you do if a staff member is sick?

62a. Gets sick on the job?

62b. Gets sick before work and cannot come?

63. What is the staff turnover? ________________
____

64. What is the average length of employment of your staff? ________________

65. Please list for me the most crucial problems you face in providing the kind of child-care you want to provide? List in order of importance.

1. ________________
2. ________________
3. ________________
4. ________________
5. ________________

66. Will you tell me about your budget? Yes ______ No. ______

67. What is your total income for one typical month? ________________

68. What is your total monthly expense for:

1. Salaries and wages
2. Taxes
    Payroll (FICA)
    Employment Sec.
    Property (Ad Valorem)
    Sanitary
    Business License
    State Sales

    Total
3. Insurance
    General Life and Health
    Workmen's Compensation
    General Liability
    Accident & Medical
    Excess Liability
    Automobile

    Total
4. Plant and Equipment
    Rental
    Equipment
    Educational Equipment
    Playground Equipment
    Office Equipment
    Automobile Equipment
    Repairs and Maintenance

    Total
5. Administrative Expenses
    Office Supplies
    Travel
    Automotive
    Postage
    Other

    Total
6. General Expenses
    Educational Supplies
    Dietary Supplies
    Food
    Laundry
    Telephone
    Utilities
    Cleaning
    Linens
    Other

    Total

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If the Director will not give out a budget breakdown ask if the Director will tell you how much it costs to care for one child for one month if all of the items listed were included in the costs of operating the Center. ________________________

69. Do you have resumes on your staff? Yes _______ No ________

70. If yes, may I have copies or will you let me copy the information needed? Names will not be used with these data.

DAILY SCHEDULE FORM

Time	A ( )	B ( )	C ( )	D ( )
7:00				
8:00				
9:00				
10:00				
11:00				
12:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				

EQUIPMENT AND LEARNING MATERIALS INVENTORY

Code name of center: ____________________

Date: ____________________

Observer: ____________________

I. Capital Equipment	Quantity	Condition
A. Tables		G F P*
B. Chairs		G F P
C. Cots		G F P
D. Diaper Changing Tables		G F P
E. Television		G F P
F. Sound Movie Projector		G F P
G. Slide Projector		G F P
H. Overhead Projector		G F P
I. Video Tape Equipment		G F P
J. Children's Lockers		G F P
K. Shelf-Storage		G F P
L. Listening Stations		G F P
M. Phono-Viewers		G F P
N. Film-Strip		G F P
O. Screen		G F P
P. Record Player		G F P
Q. Bookshelves		G F P
R. Lighting		G F P
S. Heating		G F P
T. Play Furniture (see learning materials)		

II. Language Development		
1. Peabody Language Development Kits		G F P
2. Prereading Materials		G F P
3. Books (#and condition)		G F P
4. Puppets		G F P
5. Work Books, Kits, etc.		G F P
6. Records		G F P
7. Tests, Checklists, Growth Charts, etc.		G F P

*Condition Key: G = Good, F = Fair, P = Poor.

B. Fine and Gross Motor	Quantity	Condition
1. Playground Equipment		G F P
2. Blocks-Large		G F P
3. 1" Cubical Counting		G F P
4. Puzzles		G F P
5. Workbooks, Kits, e.g.		G F P
6. Records		G F P
7. Scissors		G F P
8. Tests, Checklists, Growth Charts, etc.		G F P
9. Other (list)		G F P

C. Learning-to-Learn

1. Number materials		G F P
2. Science materials		G F P
3. Workbooks, Kits, etc.		G F P
4. Records		G F P
5. Tests, Checklists, Growth Charts, etc.		G F P
6. Other (list)		G F P

D. Social - Emotional

1. Dress-up Clothes, Hats, etc.		G F P
2. Make Believe Props, e.g., Kitchen type play equipment		G F P
3. Workbooks, kits, etc.		G F P
4. Records		G F P
5. Aprons		G F P
6. Tests, Checklists, Growth Charts, etc.		G F P
7. Others (list)		G F P

E. Games and other materials not otherwise identified.

III. Expendable Supplies

A. Paper

1. Construction		G F P
2. Drawing		G F P
3. Printing		G F P
4. Other (list)		G F P

B. Art Media

1. Clay		G F P
2. Paint, Tempera, Chalk, Finger Paint ..		G F P
3. Crayons		G F P
4. Easels		G F P

DAY CARE CENTER STAFF PROFILE

1. Title: Director, Teacher, Teacher Aide, Lead Teacher, Other ______ (circle one)

2. Sex:

3. Age:

4. Educational Background: Grade Completed:

High School Graduate ____________
G.E.D. Equivalent ______________
Technical School ______________
College 1 - 2 - 3 - 4
College Graduate: ______________ Major: ____________
Advanced Work: __________________ Subject: __________
Advanced Degree ________________ Major: ____________
Other training: ________________ Workshops
Institutes
Short Courses
Supplementary Training

5. Date hired in present position __________.

DAY CARE STAFF INTERVIEW SCHEDULE

1. What is the purpose of your Center? In your own words?

2. What are the objectives for the children? What should children learn in your Center?

3. What do you do to help children attain these objectives?

4. How do you tell if children are learning, developing, or growing in your Center?

5. What records are you responsible for keeping on the children with whom you work?

6. What do you do if a child misbehaves?

7. What do you do if one of your children gets sick?

8. What do you do when a child will not eat, or only eats part of his food?

9. What do you do when a child gets hurt?
9a. Minor injury? e.g., a cut knee?

9b. Major injury to head, eye, broken bone for example?

10. What do your children like to do most?
1. ____________________
2. ____________________
3. ____________________
4. ____________________

11. What do your children like to do least?
1. ____________________
2. ____________________
3. ____________________
4. ____________________

12. What group do you work with?

13. How many are in your group?

14. Do you work with another adult?

15. When do you plan for the things you do with the children?

16. What kinds of toys, games, books, equipment, or materials would you like to have for your work with children that you do not now have? List in order of priority.
    1. ____________________
    2. ____________________
    3. ____________________
    4. ____________________

17. What is the best part of your job?

18. What is the worst part of your job?

19. What kinds of training would you like to have to do your job better? What do you need to know more about? or What do you need to know how to do? List in rank order of need:
    1. ____________________
    2. ____________________
    3. ____________________
    4. ____________________
    5. ____________________
    6. ____________________

20. When does your staff get together?

21. What does your staff talk about when you meet together?
    Topics:
    1. ____________________
    2. ____________________
    3. ____________________
    4. ____________________

22. What kind of contact do you have with parents?

23. Describe a typical day in your work schedule?

When do you come?
When do you leave?
Who do you care for? How many do you care for?
What do you have to do for your job outside of regular hours?

24. Describe a typical day for the children? (Use Daily Schedule Form)

What time do they come?
What time do they leave?
When do they eat?
When do they rest?
When do they go outdoors?
What happens on bad weather days?

25. What do you do if you are sick, or can't come to work?

26. Who takes your place if you are sick, or can't come to work?

27. Do the children watch T.V.? Yes ______ No ______

28. If yes, what programs do they watch?

29. Do you take field trips? Yes ______ No ______

30. If yes, what kinds have you taken?

DAY CARE BOARD MEMBER INTERVIEW FORM

1. Position on Board

   Chairman
   Secretary
   Member
   ____

2. How many members are on your board?

3. Of the board members how many are parents of children served in the Center?

4. How often does the board meet?
   Once per week. ___
   Once per month. ___
   Once per quarter. ___
   Only on call. ___
   Other ___

5. Is there a list of Board duties? Yes ______ No ______
   (Obtain a copy.)

6. Is there a set of Policies and Procedures for the Board? (By-Laws, Constitution) Yes _____ No _____ (Obtain a copy.)

7. Do you, as a Board, hire the Director? Yes _____ (What criteria are used?)
   No _____

8. Do you, as a Board, hire staff? Yes _____ (What criteria?)
   No _____

9. What is the purpose of your program? Please use your own words.

10. What is your own personal assessment of how well your Center is meeting the objectives for which it was designed?

Outstanding ______________
Well ______________________
Moderately well ___________
Poorly ___________________
Not at all ________________

11. What problems does your program encounter that keeps you from being an outstanding program?
    a. Financial?
    b. Staffing?
    c. Recruiting clients?
    d. Developing program?

12. What suggestions would you like to make to those who fund programs like the one with which you are involved?

DAY CARE CENTER INVOLVEMENT CHECK

INSTRUCTION SHEET

This form of evaluation is based on the general concept that a "good" day care center will generate a high level of involvement on the part of the children involved.

When judging involvement, the recorder will use such criteria as visual attention, body position, extraneous movement, and obvious inappropriate behavior.

Definitions of Involvement

1. Count a child as involved if when you look at him at any three minute period scan he is showing:
    a. Eyes are on the task, the direction given, the adult, the storyteller, etc.
    b. Intense concentration, e.g., furrowed brow, bitten lip, tongue between teeth, signs of tense or intense motor effort, sits forward in chair, makes lip movements with speaker or reader.
    c. Moderate concentration, e.g., is attending but fidgety, is momentarily diverted but not seeking to leave the task.
2. Do not count the child as involved if when you look at him during the three minute scan he is:
    a. Talking with another child when the adult is saying something to him or the group;
    b. fingering objects not related to the task at hand;
    c. wandering around the room without apparent goal;
    d. watching the activities of others, but not engaged in any task of his own;
    e. picks up and puts things down;
    f. sitting passively;
    g. staring into space;
    h. crying;
    i. molesting another child, etc.

The process of recording these data is as follows:

1. The recorder will enter the room before the time period begins.
2. The recorder will find a good vantage point that will not interfere with the activities of the children.

3. The adult will not involve the recorder in any activities.

4. During the one hour time period the involvement count will be made every three minutes.

5. Every three minutes the recorder will sweep the room from left to right and count those children not involved in the lesson.

6. The possible number of children involved, the actual number involved and the per cent of involvement are all entered on the time sheet at the appropriate time.

7. Per cent is figured using the provided computer sheet and entered on the graph paper.

DAY CARE CENTER INVOLVEMENT CHECK

Code name of center ____________

Date ____________

Reviewer ____________

Schedule	Time	Possible	Engaged	Per Cent	Activity	Comments
	3					
	6					
	9					
	12					
	15					
	18					
	21					
	24					
	27					
	30					
	33					
	36					
	39					
	42					
	45					
	48					
	51					
	54					
	57					
	60					

PROGRAM OBSERVATION FORM

Data for this form should be gathered during the entire time a Reviewer is in the Center, but they must be based on at least 45 minutes of direct observation. If there are three different groups of children the Reviewer should spend 15 minutes observing each of the three groups. If there are two groups of children the Reviewer should split the time for each group by one-half (22½ minutes each). If there is only one group the entire 45 minutes should be spent observing that group.

Usually the data will be in the form of Yes-No responses by the Observer. Wherever you are unable to observe the particular activity simply check the N.A. (not observed) column. If you observe an activity and mark a negative response please try to remember the event and put down the anecdote. Give examples for any negative data particularly and for any positive data that you feel needs to be pointed out. Obs. I, II, and III means the first 3 observation periods of 15 minutes each.

	Obs.	Tally		
1. During the observation periods count the number of positive comments made by any adult present to any child or group of children.	I II III			
2. Count the number of negative, or corrective, comments made by any adult present to any child or group of children.	I II III			
		Per Cent		
3. Total the total number of adult-child interactions noted in 1 and 2 above and divide the positive comments by the total number.	I II III			
		N.A.	Yes	No
4. In your estimation were the activities engaged in during your observation preplanned? Did there appear to be a purpose for the activities?	I II III			
4a. Were materials and equipment readily available and in the right place?	I II III			
4b. Was there a written plan that the adult(s) was following?	I II III			
4c. Did there appear to be a purpose for the activities? Could you tell what the children were supposed to learn?	I II III			
5. In your estimation did the adults you observed appeared enthusiastic about their tasks and the children?	I II III			

	Obs.	N.A.	Yes	No
6. In your observations of the activities did each child get an opportunity to manipulate the materials, answer questions, ask questions?	I			
	II			
	III			
7. Did you observe an adult giving particular help, attention, or support to a child who was having difficulty with an activity?	I			
	II			
	III			
8. Did you observe children working in small groups of two to five children during activity periods?	I			
	II			
	III			
9. The adults that you observed were responsive to the children, answered questions, and interacted with the children without having to dominate?	I			
	II			
	III			
10. Did you observe an adult helping children learn how to use and care for books, toys, games, blocks, or any learning or play materials?	I			
	II			
	III			
11. Did you observe the adults interacting with the children on the playground, i.e., playing with them?	I			
	II			
	III			
12a. Did the adults eat the same food as the children?	I			
	II			
	III			
12b. Did the adults talk with the children during mealtime?	I			
	II			
	III			
12c. Did the adults sit down with the children at mealtime?	I			
	II			
	III			
13. Is one adult responsible for one group of children for the major part of the day?	I			
	II			
	III			
14. Did you observe a group of children and one or more adults changing from one activity to another?	I			
	II			
	III			
14a. If 14 was yes, did you observe that the transition was managed well with little lost time or interest among the children?	I			
	II			
	III			
15. Did you observe that the adults appear to be alert to all children for whom they are responsible?	I			
	II			
	III			
15a. Did you observe adults anticipating possible difficulties and acting to prevent altercations or problem-causing behavior?	I			
	II			
	III			

	Obs.	N.A.	Yes	No
15b. Did you observe adults changing activities when children were not interested?	I			
	II			
	III			
15c. Did you observe adults ignoring some inappropriate behavior?	I			
	II			
	III			
15d. Do you think that the adults you observed knew what each of their children was doing most of the time?	I			
	II			
	III			
16. In your judgement do you believe that the adults you observed provided models for good language development?	I			
	II			
	III			
17. In your judgement do you believe that the activities engaged in by the children were consistent with the objectives of the Center?	I			
	II			
	III			
18. Did you observe that children had an opportunity to choose from among a variety of possible activities?	I			
	II			
	III			
19. Did you observe adults touching, embracing, or holding children to demonstrate affection?	I			
	II			
	III			
20. Did you observe that children appeared to be eager to initiate activities?	I			
	II			
	III			

General

21. List the activities you observed.

Observation I: Activity:

Materials:

Observation II: Activity:

Materials:

Observation III: Activity:

Materials:

22. Did you observe displays of children's work?

22a. How much?

22b. What? List examples.

23. Did you observe that the adults valued silence among the children?

24. Did you observe that the Center was conducted on an informal basis, i.e., it was not run on a rigid schedule?

25. Does the Center have adequate Capital Equipment (see inventory) for the number of children served?

26. Does the Center have adequate Learning Materials (see inventory) for the number of children served?

27. Does the Center have adequate Expendable Supplies (see inventory) for the number of children served?

DAY CARE REVIEWER'S SUMMARY REPORT

1. Please rate, from your own point of view, the degree of cooperation received by you from the Center Director and staff in the conduct of your review.

    Totally Obstructive ______
    Moderately Obstructive ______
    Blase - Neutral ______
    Moderately Helpful ______
    Totally Helpful ______

2. If you rate the Center staff as either Totally or Moderately Obstructive, please give examples and any reasons that you can ascertain.

    Examples:

    Reasons:

3. Please rank your overall impression of the strengths of the Center. Rank each item from 1 (greatest strength) to 14 (weakest part of Center). Rank all items.

    ______ Evaluation of Program
    ______ Program for Children (Curriculum)
    ______ Leadership of Director
    ______ Qualifications of Staff
    ______ Physical Plant
    ______ Learning Materials (Adequacy, Variety, Use)
    ______ Attitude of Staff
    ______ Supplies (Adequacy & Variety)
    ______ Adult-Child Interaction
    ______ Parent Involvement
    ______ Interest of Children
    ______ Organization
    ______ Nutrition
    ______ Medical Services

4. If you needed day care services for your own children would you want them to be enrolled in this Center?

5. If you answered "no" to 4, please make a statement concerning your reasons.

Please circle the word or phrases which best describe your impression of each aspect of the Center's operation (6-17) based on the data you have gathered. Be sure to circle one or more words but if you have another word that better describes your impression - add it!

6. The Program for Children

goal directed - unfocused
structured - loose
benign - helpful
systematic - chaotic
task-centered - child-centered

Comments:

Examples:

7. Evaluation

Present - Absent
Complete - Piecemeal
Subjective - Objective
Numerical - Anecdotal

Comments:

Examples:

8. Organization

Efficient - Chaotic
Effective - Nonproductive
Authoritarian - Democratic
Laissez Faire - Strict

Comments:

Examples:

9. Interest of Children

Vigorous - Weak
Low - High
Consistent - Sporadic
Partial - Total

Comments:

Examples:

10. Parent Involvement

Absent - Present
Strong - Weak
Cold - Warm
Scarce - Frequent

Comments:

Examples:

11. Adult-Child Interaction

Loving - Distant
Detached - Involved
Negative - Positive
Productive - Pointless

Comments:

Examples:

12. Supplies

Rich - Poor
Scarce - Plentiful
Ancient - Modern

Comments:

Examples:

13. Attitude of Staff

Vigorous - Laconic
Careless - Thoughtful
Warm - Cold
Prepared - Lackadaisical
Ignorant - Informed
Clumsy - Skillful

Comments:

Examples:

14. Learning Materials

Inadequate - Adequate
Few - Many
Wide Range - Narrow Range
Good Condition - Poor Condition

Comments:

Examples:

15. Physical Plant

Ugly - Pretty
Inadequate - Adequate
Extraordinary - Normal
Spacious - Cramped
Cluttered - Neat
Clean - Dirty

Comments:

Examples:

16. Overall Qualifications of Staff

low - high
minus - plus
adequate - inadequate

Comments:

Examples:

17. Leadership of the Director

facilitative - obstructive
authoritarian - democratic

Comments:

Examples:

FIRE STANDARDS CHECKLIST

	Yes	No	Number	Misc.
Licensed Capacity (number)				
Current Enrollment				
Full time (number)				
Part time (number)				
Building				
1 (one) story				
2 (two) story				
Block Construction				
Frame Construction				
Mixed Construction (explain)				
Square Footage				
Exits				
Doors - distance from farthest point				
Obstructions?				
Locking devices on door (number)				
Panic Hardware				
Windows				
Height from floor				
Egress opening (square footage)				
Easily opened?				
Screens, Burglar Bars - do they drop to ground or attached to window frame				

	Yes	No	Number	Misc.
Prevention				
Alarm system				
Fire extinguishers (number)				
Sprinkler System				

Please draw a rough diagram indicating walls, doors, windows, corridors, kitchen and restrooms.

Additional Comments:

FIRE STANDARDS FOR EDUCATIONAL OCCUPANCIES

(Background material of interest for evaluators)

Definition of Educational Occupancies

(A) Six or more persons

(B) Includes nursery schools

Occupant Load

One person for each 35 square feet of net area. (do not include hallways, lockers, laundry, furnace rooms, and area of kitchen occupied by stationary equipment)

Exit Details

(A) Every floor, section or room thereof considered separately shall have exits sufficient to provide for the capacity (see occupant load definition above).

(B) Every room or space with a capacity of over 50 persons or over 1,000 square feet in area shall have at least two doorways as remote from each other as practical. Such doorways shall provide access to separate exits, but where egress is through corridors may open upon a common corridor leading to separate exits in opposite direction.

Travel Distances

Travel distance to any exit from any part shall not exceed 200 feet except in open plan or flexible plan buildings it may be 150 feet.

Access to Exits

(A) Any corridor shall not be less than 6 feet wide in the clear.

(B) Doors which swing into an exit access corridor shall be recessed, if not recessed, they shall open 180 degrees to stop aginst the wall.

(C) No dead-end corridor shall extend more than 20 feet beyond an exit.

Doors

(A) Only one locking device shall be permitted.

(B) Any door subject to use by 100 or more persons shall be operated by bars or panic hardware. Less than 100 may use the knob operated lock but with no way for locking egress.

Signs

Signs must designate exits or path of travel to them.

Windows

(A) Except in buildings with a complete sprinkler protection system every room subject to student occupancy unless it has a door leading directly outside shall have at least one window for rescue and ventilation.

(B) Storm windows, screws or burglar guards must be provided with quick opening device from the inside and arranged so they will not drop to the ground.

(C) Window openings must be 5 foot square and not more than 32" above the floor.

Fire Alarm System

Must be provided in every educational building.

Automatic Sprinkler Protection

(A) Every portion of educational building below the floor of exit discharge shall have this system.

(B) Any flexible plan building in which travel distance exceeds 150 feet or any open plan building where travel distance to exits exceeds 100 feet shall have this system.

Hazardous Areas

Areas used for general storage, furnace rooms, laundries and kitchens shall have a self closing fire door, or the area must be provided with a sprinkler system. If the hazard is severe, both the door and sprinkler system may be required.

Special Provisions

Room used for kindergarten or 1st grade pupils shall not be located above or below the floor of exit discharge (ground floor).

HEALTH AND FOOD STANDARDS CHECKLIST

	Yes	No	Number	Misc.
Food Protection				
Covered				
Spoiled Items				
Food stored off Floor				
Personnel				
General cleanliness				
Health Cards of innoculations				
Food Equipment				
Clean to sight and touch				
Out of childrens' reach				
Appears safe				
Dishwasher				
Describe Kitchen:				
Water				
Hot				
Cold				
Transported (if so, describe handling & storage)				

Sewage				
Public sewer				
Septic tank				
Toilet Facilities				
Water carriers (number)				
Basins (number)				
Hand Washing Facilities				
Soap				
Towels (type)				
Basins (number)				
Garbage Disposal				
Method				
Covered				
Clean containers				
Vermin Control				
Present				
Sewers				

Describe housekeeping (walls, floors, clutter, storage) with specific examples.

Additional Comments:

APPENDIX IV

DIRECTORS REPORT ON DAY CARE REVIEWING TEAM

DIRECTOR'S REPORT ON DAY CARE REVIEWING TEAM

Dear Day Care Center Director:

Please take a few moments to complete this report so that we may be able to assess the effectiveness of the Day Care Review Team that has recently interviewed you and your staff and observed in your Center.

1. Did the Review team see your Center at it's best? Yes___ No___.

2. If you answered "no" to #1 please explain?

3. Was the Review team courteous and respectful of you, your staff, and the children? Yes ____ No ____.

4. If you answered "no" to #3 please explain:

5. Did the Review team give you ample opportunities to explain your program and the operation of your Center? Yes ____ No ____.

6. If you answered "no" to #5 please explain:

7. Please rank the strengths of your Center based on your own knowledge of the Center. Rank each item from the weakest (1) part of the program to the strongest part (12). Rank each item.

_____Evaluation of Program
_____Program for Children (curriculum)
_____Leadership of Director
_____Qualifications of Staff
_____Physical Plant
_____Learning Materials (adequacy, variety, and use)
_____Attitude of Staff
_____Supplies
_____Adult-Child Interaction
_____Parent Involvement
_____Interest of Children
_____Organization
_____Other (Name:_____________________________________)

8. Please rank the problems you have in running your Center from the most urgent and pressing (1) to the least urgent, pressing (12).

_____Obtaining medical or psychological services for children in need.
_____Maintaining Center at full enrollment.
_____Having enough space for all children who wish to enrol
_____Training Staff.
_____Developing the Program for Children
_____Recruiting qualified staff
_____Meeting Fire Regulations
_____Meeting Welfare Regulations
_____Meeting Health Regulations
_____Inadequate Financing
_____Evaluating Progress of Children
_____Providing well-balanced meals and snacks.

9. Please make any suggestions that you wish to have considered in making plans for the care of young children in the State of West Virginia.

10. Thank you for your cooperation.

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